



Academy Participant Application

Instructions:

1. Please complete entirely
2. Turn document in to front desk personnel or email directly to Head Pro, Kyle Wartick, at: kwartick@springfieldmo.gov

Date: _____

Child's Name: _____ Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

Parent/Guardian Cell Number: _____ Alternate Phone Number: _____

Child's Date of Birth: _____

Child's Current JNTRP Rating (if known): _____

Tennis Coach's Name: _____ Coach's Phone Number: _____

How long has your child been playing tennis? _____

How often does your child play now? _____

What are your child's current and long-range tennis goals:

In the space provided below, please list the last three tournaments your child participated in, along with the results for each. Please specify if he/she played singles, doubles or both:

<u>Tournament</u>	<u>Result</u>
1. _____	_____
2. _____	_____
3. _____	_____

Questions / Comments / Additional Information:

Next Step: Kyle will acknowledge receipt of this application, and will discuss the possibility of an assessment/tryout for your child via email.