

**Player Profile**  
**Walled Lake Central Women's Tennis**

Please complete this form and return. Also, email a selfie with your name in subject to Coach Darby at [darby.oreilly@gmail.com](mailto:darby.oreilly@gmail.com)

Name \_\_\_\_\_ Nick name \_\_\_\_\_

Phone \_\_\_\_\_

Grade (9-12) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sports Playing \_\_\_\_\_

Email \_\_\_\_\_

Parent name/email \_\_\_\_\_

Parent phone \_\_\_\_\_

Music preferences (optional) \_\_\_\_\_

Tennis skill: Beginner Intermediate Advanced UTR \_\_\_\_\_ USTA NTRP \_\_\_\_\_

Days available after school for voluntary preseason drills. Circle: M T W Th F

Club affiliation/Instructor \_\_\_\_\_ / \_\_\_\_\_

Allergies or other health concerns (use back if needed) \_\_\_\_\_

Can you drive other players? (Y/N) \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Position you hope to play \_\_\_\_\_

Doubles partner preference \_\_\_\_\_

Goal for this season \_\_\_\_\_

Write anything else I should know about you on the back.