



# 2018-2019 RCH Jr. Tennis Academy

## Parent Information Sheet

Parent/s Name/s: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Number of children: \_\_\_\_\_

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Number of days children like to play per week: \_\_\_\_\_

Preferred time to play: \_\_\_\_\_

Other activities children are involved in: \_\_\_\_\_

\_\_\_\_\_

Personal goals for children: \_\_\_\_\_

\_\_\_\_\_