

## **THE LITTLE DRAGON TENNIS CLINIC REGISTRATION FORM**

8:30AM ~ NOON, 10/04/2014 @ Indian Creek Trail Park, Overland Park, KS

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_ Boy or \_\_\_ Girl

School Name and Grade: \_\_\_\_\_

Besides English, what other language (s) do you speak? \_\_\_\_\_

What is your tennis skill level (please check one):

\_\_\_ Beginner: You might play it once or twice, seen it on TV from time to time, but that's about it....

\_\_\_ Intermediate: You play tennis at least once a week, and might even have been taking lessons.

\_\_\_ Advance: You play tennis regularly, you dream of playing tennis, and often sleep with your racquets in your arms at night.

Is there anything about you that you'd like us (coaches) to be aware of?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*Please complete this form and email it back to one of the following two coaches before 10/1/2014:

Darren Chiao: [Darren.chiao@gmail.com](mailto:Darren.chiao@gmail.com)

Raymond Kung: [jrk6666@hotmail.com](mailto:jrk6666@hotmail.com)