

PLAYER PROFILE FORM

FIRST NAME _____ LAST NAME _____

DATE OF BIRTH (m/d/y) _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE _____ FAX _____

CELL PHONE _____ E-MAIL _____

HEIGHT _____ WEIGHT _____

MARITAL STATUS: MARRIED SINGLE

TYPE OF DISABILITY: ACQUIRED _____ CONGENITAL _____

IF ACQUIRED:

AGE OF INJURY/ACCIDENT _____

KIND OF INJURY/ACCIDENT _____

DISABILITY: AMPUTEE PARAPLEGIC QUADRIPLEGIC

OTHER

IF CONGENITAL (Please describe):

DISABILITY LEVEL _____

AGE BEGAN WHEELCHAIR TENNIS _____

FAVOURITE COURT SURFACE _____ **COACH**

CLUB _____

CITY _____

IS THE CLUB ACCESSIBLE (Please describe)

OF DAYS TRAINING PER WEEK _____

OF YEARS PLAYING TENNIS _____

PLAYING HAND: RIGHT **LEFT** **AMBIDEXTROUS**

WHEELCHAIR MANUFACTURER

CYCLONE **DK** **QUICKIE** **RGI** **SOP** **TOP E**

OTHER

PERSONAL INTERESTS

TENNIS

GOALS _____

COMPETITIVE HIGHLIGHTS/AWARDS

GENERAL

TEAM COMPETITIONS

THANK YOU FOR COMPLETING THIS PROFILE FORM.

Please fax or email your completed form to Janet Petras, Manager-Wheelchair Tennis at 604-541-2487 fax or petras62@aol.com. If you have a photo you wish to send via email it will be included with your biography.