

VALPARAISO UNIVERSITY TENNIS

Student-Athlete Information Sheet (Please Print)

Name: _____ Date of birth: _____

E-Mail Address: _____ Phone: (A/C) _____ # _____

Mailing Address: _____ City: _____ State/Zip: _____

Social Security Number: _____ NCAA Clearinghouse Pin Number: _____

Name(s) of parent(s): _____ Occupation: _____

Private coach: _____ Phone: (A/C) _____ # _____

High school coach: _____ Phone: (A/C) _____ # _____

High school/Jr. College _____ Grad. Year: _____

School address: _____

Height: _____ Weight: _____ Time in 40-yard dash: _____ Class rank: _____

G.P.A. (high school or junior college): _____ SAT score: (verbal) _____ (math) _____

OR ACT composite score: _____ Intended academic major in college: _____

Tennis positions you played (high school & college): _____

Religious Affiliation: _____

USTA District Ranking _____ USTA Sectional Ranking _____

List or attach player record statistics for high school and USTA Tournaments: _____
(name of player and scores)

OPTIONAL

STUDENT-ATHLETE: The following section is to be completed by your coach who should mail this entire form back to Valparaiso University Tennis in the enclosed envelope. *COACH:* Please note that this evaluation is considered confidential and will not be discussed with this player.

	Out-standing	very good	good	fair		Out-standing	very good	good	fair
serve					power				
FH groundstroke					control				
BH groundstroke					mental toughness				
volley					speed				
serve & volley					coachability				
approach shot					competitiveness				

Scholastic ability: _____ Chance of success in VU's Tennis program: Outstanding Good Fair

Comments: _____
(please supply additional comments on the back of this sheet) Coach's signature _____