

USTA Player Background History (To be completed by player only)

NAME: (Provide Maiden name or other spell	NAME: (Provide Maiden name or other spellings if appropriate)				USTA Member # League Team # HOME PHONE :			
ADDRESS:				WORK PHON				
CITY/STATE/ZIP				E-MAIL:				
GENDER: Male Female Date/Birth				FAX:				
If not familiar with the NTRP pla						_	t N/A if it does not apply to you	
these; they are available as a link on first page of TennisLink league registration.								
				How many times a week do you currently play?				
SELF-RATE requested: Select Minimum Self-Rate assigned: Select				Do you play in other competitive leagues/club programs?				
				YES What level: NO				
				Name of League(s):				
LIST SPORT AFFILIATIONS (example – USPTA) Affiliation How Long				Have you ever worked as a college coach or tennis teaching professional? Most Recent dates				
Allination	HOW L	long		professional? Most Recent dates College Coach				
					ofessional	_		
TENNIS EXPERIENCE Please	put N/A if	it does not apply to yo	ou.		T £ Doulring	TOTAL	T	
JUNIOR HISTORY			YEAR(s)	Type of Ranking National/ Section		Highest ranking achieved		
RANKING HISTORY: ITF/National/Section Junior Rankings (highest ranking)								
HIGH SCHOOL TENNIS TE		WHERE (school name,		YEAR(s)	Highest position played on high school team. Indicate whether play was in singles or doubles			
HISTORY : If played within th	ne past	city, and state)			whether play was in singles of doubles			
15 years.		WHERE (school name,			Highest position played on college team. Indicate			
COLLEGE HISTORY	ľ	city, and state)		YEAR(s)	whether play was in singles or doubles			
COLLEGE DIVISION-check	livision							
I II III NA		ınior College		Tennis on Campu	s: Sectional	☐ Nati	ionals N/A	
PROFESSIONAL		Highest Ranking		Satellite,	Highest Ra	nking		
HICTORY (i.e. Foreign/		5 years		Futures, and/or Circuit Events	Within 5 years			
Outside 5 y				and earned no points	Outside of the last 5 years			
Other college varsity sports:	Co	llege	D	Division	Sport		Year(s)	
USTA LEAGUE INFORMATI List most recent year you played	USTA Le	=			r played			
Year(s) Section/District	eached (Dist./Section	nal/National)	NTRP	Level				
USTA TOURNAMENT INFO								
List most recent year you playe	d in NTR	P, Age or Open tou	urname	ents		/0		
Divisions you have played:	NIT	TO D 1 1						
		TRP levels			Age (specify)			
Ranking # Held	NT Ye		NTR	RP, Age or Open	Age (specify) Singles or Do		Section or National	

OTHER CONSIDERATIONS (use additional paper if necessary) Do you have any permanent physical or medical conditions that would affect your level of play? YES NO Describe: (be brief and specific – Date of injury, diagnosis, treatment, prognosis and name attending physician) Are you currently being treated for an injury that would affect Provide specifics: your tennis? YES NO List any other information that may affect your tennis history or rating level* I have completed and submitted this form and state the information presented is correct. If it is determined that I have falsified or omitted any pertinent information, it may result in disqualification from USTA League Tennis play. Office Use: Player's Signature Date Received Processed by: NTRP Denied - New Level Approved at: Print Name Decision: Date Notified

Other \square

Method(circle)

e-mail \square

Phone

Mail 🗌

Date: