**Name**Click here to enter text.

**Cont. Training Exercise: Parent Question & Answer**

*A parent comes up to you after class and they have a question. Tell us how you would respond to each of these possible questions from parents.*

1. What is your experience in the sport you are running?

Click here to enter text.

1. What type of training did you go through to work for OTA?

Click here to enter text.

1. What other programs does OTA run?

Click here to enter text.

1. Does OTA do birthday parties?

Click here to enter text.

1. Can you baby-sit?

Click here to enter text.

1. Can we buy OTA gear?

Click here to enter text.

1. Can I give you an envelope for Management?

Click here to enter text.

1. Does OTA have a website?

Click here to enter text.

1. How can I contact OTA Management?

Click here to enter text.

1. My child has an Epee-pen. Can you give them a shot in case of an emergency?

Click here to enter text.