

Deaf Tennis Festival

Deaf Tennis Festival (Indoors)

Thursday 19th
August 2010.

Time: 1000 - 1600

The Event is free

Venue:

St George's College
Weybridge Road
Addlestone
Surrey KT15 2QS
Tel: 01932 839 300

For further
information please
contact:
Angela Watson

Mob: 07946 485884

Fax: 0208 487 7304

Email:

angela.watson@tennisfounda-
tion.org.uk

The Tennis Foundation is pleased to be holding a festival for deaf and hearing impaired children and youngsters, aged 7+, who would like to try tennis and have a fun day out. All are welcome and if your child already plays tennis, why not come along and meet others and get some expert coaching which will be available on the day.

Family and friends are welcome as spectators and we also encourage local Club officials and coaches to come along and see the exciting opportunities in UK deaf tennis.

On the day we will have:

- *Licensed Coaches in attendance - hearing and deaf.*
- *Tennis Equipment (Rackets & Balls) will be provided.*
- *Deaflympic Tennis Players in attendance.*
- *Refreshments available on site.*
- *Volunteers provided by NDCS.*

If you would like to attend, please return the registration form by Friday 30th July to:

Angela Watson, The Tennis Foundation, National Tennis Centre,
100 Priory Lane, Roehampton, London, SW15 5JQ.





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Registration form

Please complete a separate registration form for each child attending the event. Please ensure you provide us with as much information as possible.

Parent / Carer - information about you!

(this address will be used for all future correspondence regarding this event, so please complete fully and clearly)

Name..... Relationship to Child.....
 Address.....

 Postcode..... e-mail.....
 Mobile no..... text only? Y/N Tel/Minicom no: day.....
 evening no

Are you: Deaf Hearing Preferred Language eg English/Urdu

Please indicate your ethnic origin: White Mixed Asian or Asian British
 Black or Black British Chinese Other ethnic group

Information about your child

Childs name..... Date of birth...../...../.....
 Male / Female (please delete as appropriate) Age (at time of event)

Is your child: Deaf Hearing sibling/friend (please check first if we can take the hearing child)

Please tell us more about your child's deafness:

Degree of deafness: Mild Moderate Severe Profound
 Unilateral (one ear) Unknown Awaiting diagnosis

Type of deafness: Sensori-neural Conductive Glue Ear
 Auditory Processing Disorder Unknown Awaiting diagnosis

Age when deafness was first identified:

Preferred communication: BSL Cued speech Makaton
 (please tick all that apply) Other sign language SSE Speech

Equipment used: Cochlear Implant - one ear both ears
 Hearing Aid - one ear both ears BAHA Radio Aid None



Does your child have any additional support needs or medical needs that we should be aware of? (e.g. learning disabilities, mobility difficulties, asthma, epilepsy etc). Please provide more information here

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How did you hear about this event?

TF mailing BDTA NDCS Website NDCS calendar NDCS mailshot
 School Local DCS Other Please specify if other.....

Has your child played tennis before?

Yes, plays at a club Yes, has tried tennis before No, this is their first time

Ethic origin

Please indicate your child's ethnic origin: White Mixed Asian or Asian British
 Black or Black British Chinese Other ethnic group

Photography

I agree / do not agree to give consent for my child to be photographed / videoed for the promotion of Deaf Tennis. (Please delete as appropriate)

Signature: _____

Consent

- I confirm all information given here relating to my child's needs are correct and complete. I give permission for this information to be shared as appropriate with coaches and staff.
- I give permission for my child to join in all activities.
- I confirm there is no medical reason preventing my child from taking part in the event.
- I agree that my child may receive any medical treatment (including anaesthetic) in case of emergency, or that we may be advised by a doctor during the event.
- I will collect my child (or arrange collection) from the event if staff or coaches have decided to send them home, if they are unwell or wish to go home.

Print name Signed

Date

Please return this form to the Tennis Foundation by 30th July.

Email: angela.watson@tennisfoundation.org.uk

Post: Angela Watson, The Tennis Foundation, National Tennis Centre, 100 Priory Lane, Roehampton, London, SW15 5JQ.