



# Tennis Buddies of Reno



## 2018 Tennis Registration Form

University of Reno – McArthur Tennis Center

Fridays April 13(FREE), April 20; Tuesday, April 24; Fridays May 4, 11 & 18

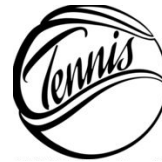
4:00 – 5:30 pm.

\$25

We are pleased to offer this tennis program to people with disabilities and look forward to helping your family member learn to play and enjoy tennis.

### Requirements for Participation (participant must meet all of below criteria):

- Minimum of 8 years of age and up
- Have Down syndrome or other developmental disability
- Able to walk without assistive device
- Able to sidestep to both sides



**\*\*\*All fields are required. Registration will not be accepted if this form is incomplete.\*\*\***

### Participant/Family Information:

|                                |  |
|--------------------------------|--|
| Participant First Name:        |  |
| Participant Last Name:         |  |
| Participant Gender (M or F):   |  |
| Participant Date of Birth:     |  |
| Participant Height(in inches): |  |
| Participant Weight:            |  |
| Participant T-Shirt Size:      |  |
| Parent/Guardian First Name:    |  |
| Parent/Guardian Last Name:     |  |
| Parent/Guardian E-Mail:        |  |
| Parent/Guardian Phone:         |  |
| Parent/Guardian Cell Phone:    |  |
| Home Address:                  |  |
| Emergency Contact Name:        |  |
| Emergency Contact Phone:       |  |

**Disability Information:**

|                              |  |
|------------------------------|--|
| Primary Diagnosis:           |  |
| Secondary Diagnosis, if any: |  |

***Please provide detailed information regarding the above diagnoses that will help us work with the Participant effectively (box will expand if more room is needed):***

|  |
|--|
|  |
|--|

**Health Information:**

|                                     |  |
|-------------------------------------|--|
| Participant Food Allergies, if any: |  |
|-------------------------------------|--|

***Please explain any health/medical conditions or health concerns and any special instructions (box will expand if more room is needed):***

|  |
|--|
|  |
|--|

**Fall Session:**

|  |  |
|--|--|
|  | <b>Spring Session at University of Nevada – McArthur Tennis Center Courts – 400 Bartlett Street, Reno, NV 89512<br/>Time: 4:00 – 5:30 pm on the following days:<br/>Friday April 13 (this is a FREE Jamboree session)<br/>Friday April 20; Tuesday April 24; Fridays May 4, 11, &amp; 18</b> |
|  | <b>Comments:</b>   |

### Payment Information:

**Payment of the camp fee is required to process the registration form. Please include check of \$25 payable to SJTA OR click on the paypal tab and pay with a credit card.**

### Participant Information:

**This information helps camp staff & volunteer spotters assigned to work directly with the Participant understand and better serve the individual needs of the Participant.**

|                       |  |
|-----------------------|--|
| Participant Name:     |  |
| Nickname, if any:     |  |
| Age at Time of Camp:  |  |
| Diagnosis (optional): |  |

**Please place an 'X' in the box that most appropriately describes the Participant:**

| <b>Generally speaking, the Participant....</b>                                   | <b>Yes</b> | <b>Sometimes</b> | <b>No</b> |
|--|------------|------------------|-----------|
| can communicate his/her needs  |            |                  |           |
| when upset, can manage his/her emotions  |            |                  |           |
| follows simple directions  |            |                  |           |
| cooperates with others   |            |                  |           |
| Is comfortable with physical queues/prompts                                      |            |                  |           |
| responds positively to playful banter  |            |                  |           |
| benefits from use of pictures to convey meaning                                  |            |                  |           |
| gets frustrated easily   |            |                  |           |
| has trouble staying focused  |            |                  |           |
| gets upset by visual or audio stimuli (eg. bright lights, loud noise)            |            |                  |           |
| gets upset by background noise such as music or talking                          |            |                  |           |
| <b>Comments/Additional Information (box will expand if more room is needed):</b> |            |                  |           |
|  |            |                  |           |

**Please answer each of the following questions (boxes will expand if more room needed):**

1. What strategies do you use to promote positive behavior and/or discourage negative behavior that will enable us to work safely and successfully with the Participant?

2. What are favorite activities, movies, music, hobbies or other interests of the Participant?

3. Has Participant previously attended a tennis program?

Yes       No

If yes list year(s):

Describe outcome:

4. Has he/she learned to play tennis? (Yes/No)

If yes, please provide a brief history.

5. Through participating in this tennis program, what are your expectations for your Participant?

## Participant Liability Release

|                          |  |
|--------------------------|--|
| <b>Participant Name:</b> |  |
|--------------------------|--|

By signing, I hereby expressly acknowledge that tennis, like many sports such as swimming, golf, soccer, and gymnastics involves movement and physical activity, and that injury or mishap are possibilities in spite of all reasonable safeguards and precautions taken. Further, I hereby expressly acknowledge that photographs and/or videos of the above Participant may be taken by parties outside the control of SJTA in connection with participating in program. I acknowledge that SJTA has limited or no control over such activities of third parties and has no control over any editing and/or use of such photos and/or video footage. As the parent/guardian of the above Participant, I accept such risks as reasonable and proper, and agree to hold harmless the officers, principals, staff and volunteers of SJTA and the University of Nevada - Reno should injury or mishap occur in this regard.

I understand that data collected from this program will be used to help the camp operate effectively relative to appropriate progressions, tennis racquet sizing and behavior management. I acknowledge that I may be contacted in the future for follow up information pertaining to Participant progress, status or for other requests to support the future development and success of the program.

|                                   |  |
|-----------------------------------|--|
| <b>Parent/Guardian Signature:</b> |  |
|-----------------------------------|--|

I give permission for the above Participant to be photographed and/or videotaped in print or electronic media by the Sierra Junior Tennis Association (SJTA) or third parties acting on behalf of SJTA. I acknowledge and agree that photographs and videos may be edited and used in whole or in part as desired for the purpose, which may be produced, duplicated, distributed and used for informational, promotional or other public purposes. I understand that photographs and video are not my property and there will be no compensation to me. I understand and authorize the use in writing or otherwise the name or identity of the above Participant.

|                                   |  |
|-----------------------------------|--|
| <b>Parent/Guardian Signature:</b> |  |
|-----------------------------------|--|

### Submission Instructions:

***Please mail this completed registration form with payment to SJTA P.O. Box 6928 Reno NV 89513 or e-mail to [tennis@sierrajuniortennis.org](mailto:tennis@sierrajuniortennis.org).***