



Welcome to Ability Tennis at Cotham Park Tennis Club. Before you can start we need some information from you to ensure this is the best session for you. Please fully complete this form.

**Name**

**Address and post code**

**Telephone**

**Email address**

**Emergency contact number**

**DOB**

**Gender**

**Ethnicity**

### **Ability Tennis pre exercise health questionnaire**

**1** – Do you have a long standing (for more than 12 months and likely to continue) illness or disability which affects (or limits) your day to day activities and your ability to access mainstream leisure activities? **Yes No**

If **Yes**, please tick all that apply

Physical disability

Blind or visual impairment

Learning disability/difficulty

Deaf or hearing impairment

Mental health condition

Other

Prefer not to say

**2-** Have you ever been diagnosed by your doctor or health professional with any of the following? Do you take any medication, if yes please state what.

- |   |            |           |
|---|------------|-----------|
| • Heart Disease                           | <b>Yes</b> | <b>No</b> |
| • High blood pressure                     | <b>Yes</b> | <b>No</b> |
| • COPD( Emphysema and chronic bronchitis) | <b>Yes</b> | <b>No</b> |
| • Asthma                                  | <b>Yes</b> | <b>No</b> |
| • Diabetes                                | <b>Yes</b> | <b>No</b> |

- Epilepsy Yes No
- Any other condition we may need to know about before you start

exercising i.e. Stroke Yes No

3- Has a doctor ever said you have a heart condition? Yes No

4-Do you feel chest pain when you do physical activity? Yes No

5-Do you ever lose balance because of dizziness or ever lose consciousness? Yes No

6-In the past month have you had chest pain when you are **NOT** doing exercise? Yes No

7- Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes No

I understand that if I have answered 'yes' to any of the questions 3-7 I must seek medical advice before starting at the Ability tennis session. I agree to tell the tennis coaches if there is a change in my medical condition. I understand I play tennis at my own risk.

**I wish to join Cotham Park Ability Tennis session and agree to abide by the club rules, code of conduct and health and safety regulations. I agree to pay the weekly sub of £3.00.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

#### Other Information required

Have you been recommended to take more physical activity? Yes No

If 'yes' by whom and why?

Have you played tennis before? Yes No

**Please return this form completed to: [helenabbott@cothamtennis.net](mailto:helenabbott@cothamtennis.net)**

**Cotham Park Tennis Club, 80 Redland Road, Bristol BS6 6AG**

**[www.cothamtennis.net](http://www.cothamtennis.net)**

The sessions are inclusive and aimed at those whose disability makes it difficult for them to access mainstream leisure activities. We will accommodate their needs, as far as possible. There will be the opportunity to play tennis with qualified coaches who will adapt the sessions to suit the presenting needs and emphasise enjoyment.

There is a pathway into joining mainstream clubs, volunteering and gaining some leisure qualifications with support from the Ignite project.

Refreshments will be provided at the end of the session for £1.00

