

## PERSONAL INFORMATION

If you feel able to complete this section it will greatly help Table Tennis England in the reporting it is required to make to Government agencies. **THIS IS OPTIONAL**

With which of the following ethnic groups do you most closely identify?	
White – British <input type="checkbox"/>	Mixed - White & Black –Caribbean <input type="checkbox"/>
White – Irish <input type="checkbox"/>	Mixed - White & Black –African <input type="checkbox"/>
White – Any other* <input type="checkbox"/>	Mixed - White & Asian <input type="checkbox"/>
Asian or Asian British –Indian <input type="checkbox"/>	Mixed - Any other* <input type="checkbox"/>
Asian or Asian British –Pakistan <input type="checkbox"/>	Black or Black British – Caribbean <input type="checkbox"/>
Asian or Asian British – Bangladeshi <input type="checkbox"/>	Black or Black British – African <input type="checkbox"/>
Asian or Asian British –Any Other* <input type="checkbox"/>	Black or Black British – Any Other* <input type="checkbox"/>
Chinese <input type="checkbox"/>	Other* <input type="checkbox"/>
*Please Specify	

Do you consider yourself to have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' with which of the following groups do you most closely identify?		
Visual Impairment <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Physical Disability <input type="checkbox"/>
Learning Disability <input type="checkbox"/>	Multiple Disability <input type="checkbox"/>	Other (Specify)

### DECLARATION

I agree to abide by the club rules and codes of conduct.

For under 16s this form should also be signed by a parent/guardian/carer.

I understand that my son/daughter/child in my care will be required to abide by the club rules and codes of conduct, and that in the event of an incident all reasonable steps will be taken to use the emergency contacts.

I give permission for the administration of appropriate urgent medical treatment including an anaesthetic.

I give permission for my son/daughter/child in my care to appear in photographs taken during club activities and used in club publicity material, press releases and on the club website.

I agree to the information on this form being stored on computer and being processed in accordance with the Data Protection Act.	
Signed:	Date:
Signed: Parent/Guardian/Carer (If Under 16)	

Please hand/send signed form with fee to: Ian Bridgeman, 7 Takers Lane,  
Stowmarket IP14 2AA

# Stowmarket Table Tennis Club

**(A registered Participation PremierClub  
with Sport England Clubmark Accreditation)**



[www.stowmarketabletennis.co.uk](http://www.stowmarketabletennis.co.uk)

Club venue address:	Stowupland Sports Centre, Stowupland High School, Church Road, Stowupland
Club contact:	Ian Bridgeman Secretary 01449 771502 email: <a href="mailto:ian.bridgeman1@btinternet.com">ian.bridgeman1@btinternet.com</a>

## MEMBERSHIP APPLICATION FORM 2015 /16

## MEMBERSHIP DETAILS

Surname:		First Name:			
Title: Mr / Mrs / Ms / Other		Occupation or school:			
Address:		Gender: Male / Female			
		Nationality: (Eng/Sco/Wal etc)			
		Home Tel:			
		Work Tel:			
Postcode:		Mobile No:			
E-Mail:		Date of Birth:			
Membership Type	Family (All juniors)	Family (Max 2 adults)	Junior Player	Senior Player	Over 60
Club Membership Fee	£23	£30	£11	£14	£11
Table Tennis England Membership Fee – <u>League Players Only</u>	Add £5 per junior	Add £5 per junior, £10 per senior	Add £5	Add £10	

All League players are required to hold a Table Tennis England membership in addition to their club membership for the current season. Players who already have membership (through direct affiliation, player licence or via another club/league) need only pay the club membership fee (see above). If this is the case please confirm your Table Tennis England member number in the box on the right hand side of this form.

Please circle the required membership type above and for family memberships enter the person paying the fee in the box below.

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Annual membership runs from 1<sup>st</sup> Sept to 31<sup>st</sup> Aug (fees due by 30<sup>th</sup> Sept 2015).

**Please make cheques payable to Stowmarket Table Tennis Club.**

## Table Tennis England

The following information is required for Table Tennis England. Please tick one box to indicate your membership category, and add your membership number (if known).

**If you are not playing competitively you are an associate member,** licence players are also League players but need only tick the licence box.

Associate member	Junior League Player	Senior League Player	Junior/Cadet Licence Player	Adult Licence Player	Member Number

League players please complete the following details

League	
Team (if known)	
Other Leagues/Clubs	

## MEDICAL INFORMATION

Please detail below any medical information that the club should be aware of relevant to participating in club activities. This information will be treated confidentially.

Medical condition: (e.g. epilepsy, asthma, diabetes, etc.)	
Emergency contact numbers:	
Any further information:	
Name of doctor and contact number:	