

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 have read and 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.stowmarkettabletennis.co.uk

Club venue address: Stowupland Sports Centre, Stowupland High School, Church Road, Stowupland
 Club contact: Ian Bridgeman Secretary
 01449 771502
 email: ian.bridgeman1@btinternet.com

MEMBERSHIP APPLICATION FORM 2017 /18

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 | Affiliate |
| Club Membership Fee | £23 | £30 | £11 | £14 | £11 | £1 |
| Table Tennis England Fee – League Players Only | Add £7 per junior | Add £7 per junior, £14 per senior | Add £7 | Add £14 | | |

All League players are required to hold a Table Tennis England membership in addition to their club membership.

Players who already have membership (through direct affiliation, player licence or via another club/league) need only pay the club membership fee – in this case please confirm your TT England number in the box on the right hand side of this form.

Affiliate members are members of another club who are part of the advanced junior training squad.

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 1st Sept to 31st Aug (fees due by 30th Sept 2017).

Please pay by cheque payable to Stowmarket Table Tennis Club or BACS Sort Code 72-00-01 Account No. 91068306

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: | |