



Club Membership

Club Logo

Club Name

Membership Application form for the season XX/XX

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| --- | --- | --- | --- | --- |
| Type of Membership applied for: | **Junior** | **Senior** | | **Family** |
| Fee: | **£** | **£** | | **£** |
|  | | | | |
| For family membership, please state who is paying the fee: | | |  | |

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| --- | --- | --- | --- | --- |
| **Our club is affiliated to Table Tennis England and our members are required to become members of Table Tennis England. Please see below for the different types of membership**  Table Tennis England Membership | | | | |
| **PLAYER MEMBER** – For those that play in League or County Competitions but not Nationally. | Cadet\*  £ | | Junior\*  £ | Adult\*  £ |
|  | |  |  |
| **PLAYER LICENCE** - For those that play in League or County Competitions and in National Competitions. | Cadet\*  £ | | Junior\*  £ | Adult\*  £ |
|  | |  |  |
| **ASSOCIATE MEMBERSHIP** – Club members who don’t play competitively. | All  Free! | |  |  |
|  | |  |  |
| *\*Cadets are children aged up to 14, Juniors are aged between 15 and 17, Adults are aged 18 and over* | | | | |
| **TOTAL CLUB MEMBERSHIP AND TABLE TENNIS ENGLAND MEMBERSHIP FEES PAYABLE:** | |  | | |

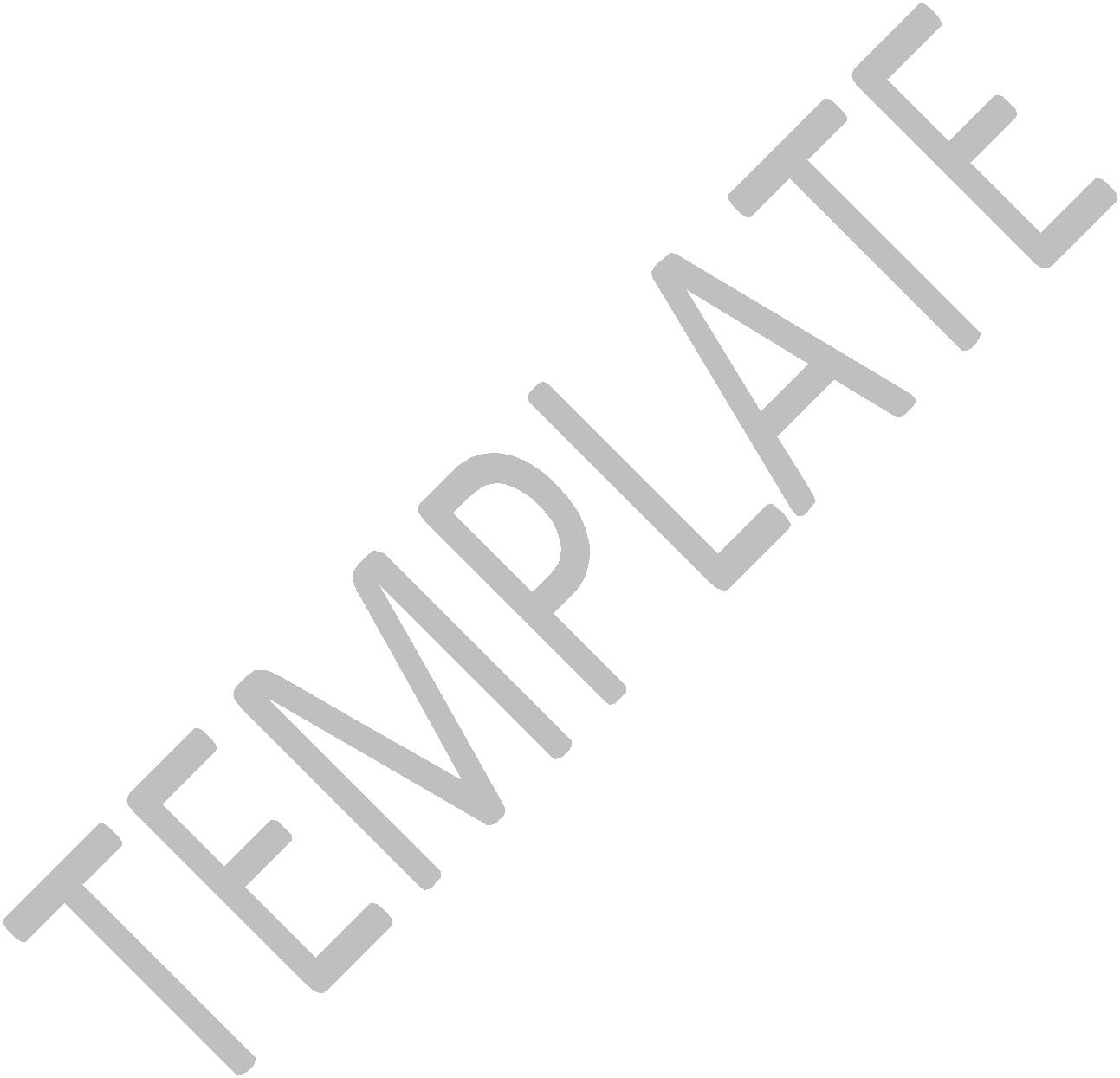
Insert information about BACS, Cash and Cheque Payment

Declaration

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

**Data Protection**

The information you provide in this form will be used solely for dealing with you as a member of [ ] Club/League.

The Club/League has a Data Privacy Policy which can be found at [ ]. Your data will be stored in accordance with this policy

I also agree to the information given on this form being held on the club’s membership database and also being passed to Table Tennis England.

**Please tick here if you consent to your information being held in this way**.

The Club/League may wish to publish a membership handbook, yearbook or directory. This would include relevant member’s (e.g. club/team captains, committee members) name, email addresses, phone/ mobile number, and will be available in either electronic or paper versions.

**If you consent to our data being shared in this way, please tick here.**

Please be aware that if you later decide to withdraw consent to your contact details being published it will not be possible to remove your contact details from printed material until such time as the next edition of the handbook is printed, which will be on a [yearly] basis.

The Club may arrange for photographs or videos to be taken of Club/League activities and published on our website or social media channels to promote the Club/League.

**If you consent to your image being used by the Club in this way, please tick here.**

If you hold a family membership, your family members, aged 18 and over should indicate their consent to the use of their image separately below.

Family member ………………………………..

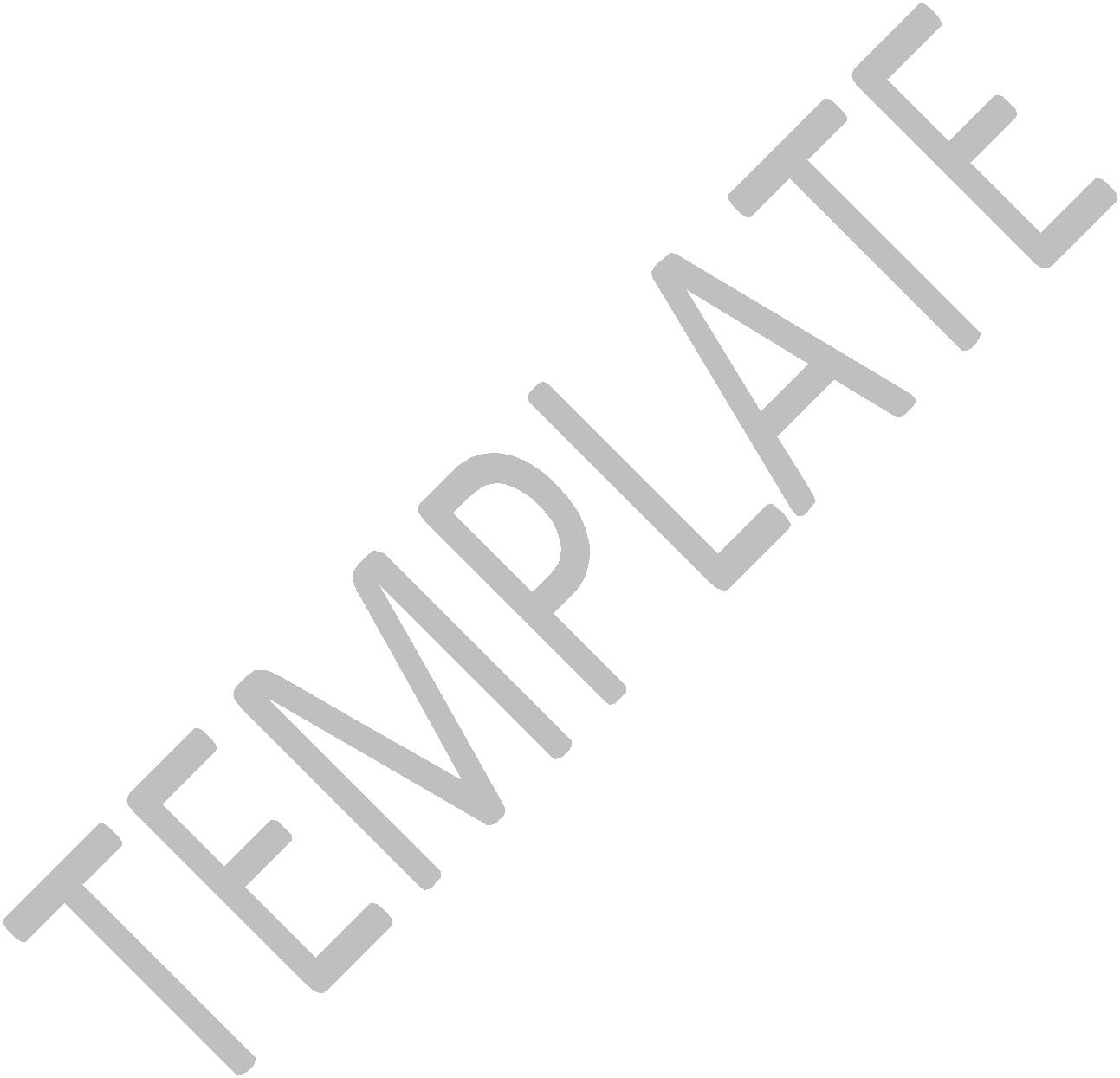
Family member ………………………………..

Family member ………………………………..

**PARENTAL/GUARDIAN CONSENT** (if children under 18) If you consent to the use of your child’s image being used for the purposes above please tick here.

If you/ the individuals listed above later wish to withdraw consent, please contact [ ].

By agreeing to your images being used, you agree to assign any copyright or any other right of ownership of these images to the Club.

* **I understand that my 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/do not give\* permission for the administration of appropriate urgent medical treatment including an anaesthetic.**
* **I give/do not give\* permission for my child to appear in photographs taken during club activities and used in club publicity material, press releases and on the club or Table Tennis England website. (\*delete as appropriate)**

All data held by this club and the Table Tennis England will be held in accordance with the published Table Tennis England Data Protection Policy. This strictly limits the passing on of Member’s details.

You may wish for your data never to be passed on. If so please tick this box:

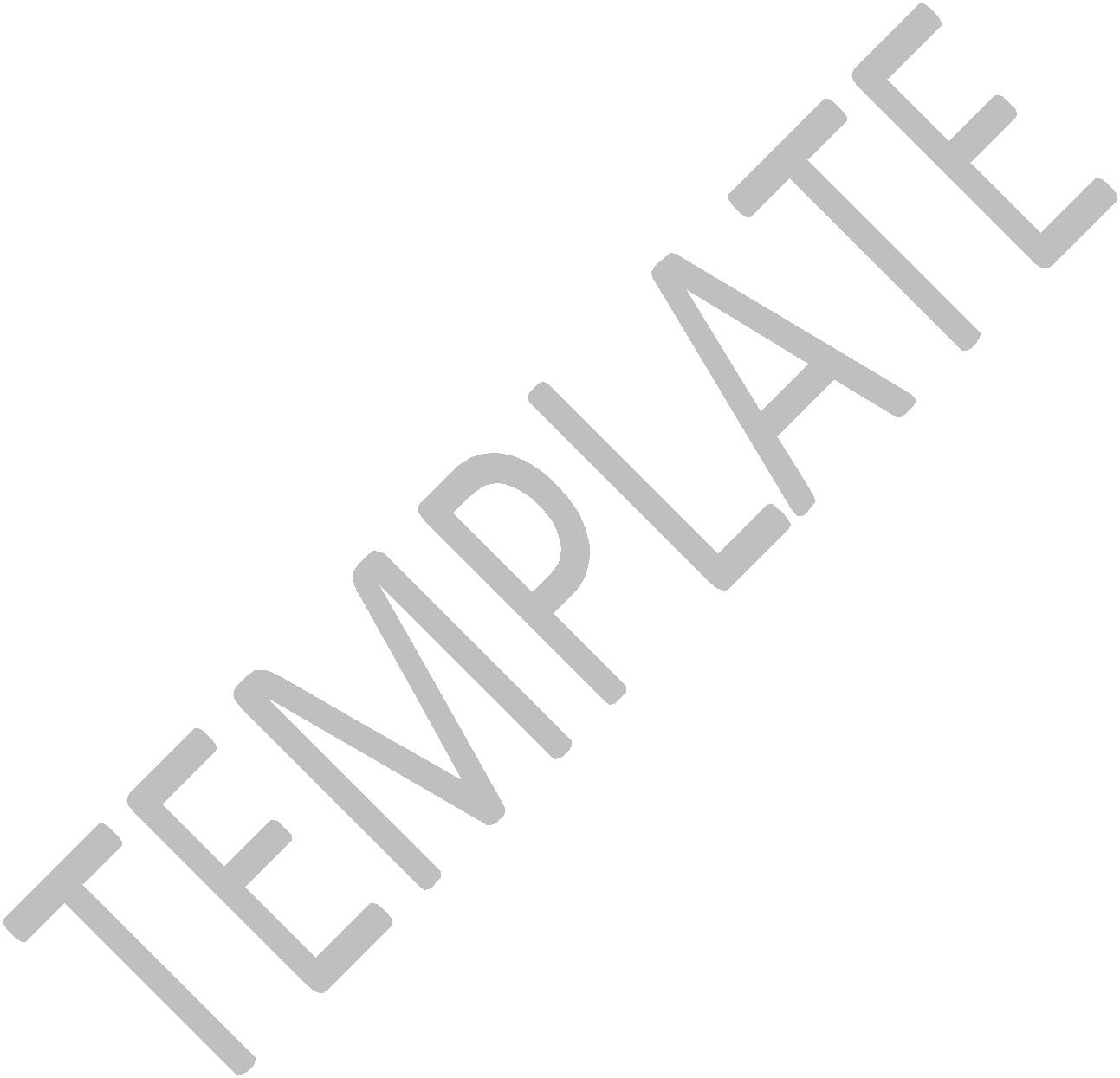
##### Signed Date

Personal Information

Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** |  |  | |
| **First Name:** |  | **Surname:** |  |
| **Date of Birth:** |  | **Gender:** |  |
| **Address** |  | | |
| **Postcode:** |  | **Home Tel:** |  |
| **Work Tel:** |  | **Mobile Tel:** |  |
| **Email address:** |  | | |

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| **Which ethnic group do you most closely identify with?** | | | | | | | | | | | | | |
| **White – British** | | | |  | **Mixed – White and Black - Caribbean** | | | | | | | |  |
| **White – Irish** | | | |  | **Mixed – White and Black - African** | | | | | | | |  |
| **White – Any Other** | | | |  | **Mixed – White and Asian** | | | | | | | |  |
| **Asian or Asian British – Indian** | | | |  | **Mixed – Any Other\*** | | | | | | | |  |
| **Asian or Asian British – Pakistani** | | | |  | **Black or Black British - Caribbean** | | | | | | | |  |
| **Asian or Asian British – Bangladeshi** | | | |  | **Black or Black British – African** | | | | | | | |  |
| **Asian or Asian British – Any Other\*** | | | |  | **Black or Black British – Any Other\*** | | | | | | | |  |
| **Chinese** | | | |  | **Other\*** | | | | | | | |  |
| **\*Please specify other** | | | |  | | | | | | | | | |
| **Do you consider yourself to have a disability? Yes / No** | | | | | | | | | | | | | |
| **If Yes, which of the following groups do you most closely identify with?** | | | | | | | | | | | | | |
| **Visual Impairment** |  | **Hearing Impairment** | | | |  | | **Physical Disability** | |  | **Learning Disability** | |  |
| **Multiple Disability** |  | **Other (Please specify)** | | | |  | | | | | | | |
|  | | | | | | | | | | | | | |
| **I would prefer not to state my:** | | | **ETHNICTY** | | | |  | | **DISABILITY** |  | |  | |



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| **Please detail below any medical information that the club should be aware of, relevant to participating in club activities. This information will be treated as confidential** | |
| Medical Condition (e.g. epilepsy,  diabetes, asthma, etc.) |  |
| Emergency contact name and No: |  |
| Your Doctor’s name and number: |  |

Medical Information

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**Table Tennis England Responsibility Statement**

The information contained in this Guidance represents the Table Tennis England’s interpretation of the law as at the date of this edition. Table Tennis England takes all reasonable care to ensure that the information contained in this Guidance is accurate and that any opinions, interpretations and guidance expressed have been carefully considered in the context in which they are expressed. However, before taking any action based on the contents of this Guidance, readers are advised to confirm the up to date position and to take appropriate professional advice specific to their individual circumstances.