

Kemnal

Table Tennis Club



www.kemnalttc.co.uk

Club venue: Sports Hall, Kemnal Technology College
Sevenoaks Way, Sidcup, Kent, DA14 5AA

Club contacts: Len Pilfold, 57 Merchland Road
New Eltham, London, SE9 2BQ
Email: kemnalttc@lenpilfold.co.uk
Tel: 0208 850 3910 Mob: 07790 171803

JUNIOR MEMBERSHIP

APPLICATION

FORM 2009



This page must be completed whether you wish to attend on a Friday “OPEN NIGHT” only or become a full Member

Personal Information

Current Data

New Data/Amendments

Title		
Forename		
Family name		
Address		
Postcode	(full postcode)	
Date of Birth	(dd/mm/yyyy)	
Gender	(male/female)	
Home tel.		
Work tel.		
Mobile tel.		
E-mail		

To help the Club and the ETTA to monitor membership and participation please complete the following sections and membership requirements opposite.

With which of the following ethnic groups do you most closely identify?

Current Data:			
White - British	<input type="checkbox"/>	Mixed - White and Black - Caribbean	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>	Mixed - White and Black - African	<input type="checkbox"/>
White - Any other*	<input type="checkbox"/>	Mixed – White and Asian	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Mixed – Any other*	<input type="checkbox"/>
Asian or Asian British - Pakistani	<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 'other'

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 (please specify):		
Do you have any disability, which limits your daily activities or the work you can do? (Including those due to old age)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any long-term illness or health problem, which limits your daily activities or the work you can do? (Including those due to old age)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Membership & Interests Section

Junior Membership is £15.00 per annum and Includes Club shirt and free into Junior Events							
Do you wish to be a member of the Club? (Please Tick)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
If 'Yes' are fees enclosed with this form (Please Tick)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Cheque to be made payable to 'Kemnal TTC'	Shirt Size: XXS / XS / S / M / L						
Have you played before	At School	<input type="checkbox"/>	At a TT Club	<input type="checkbox"/>			
Name of School							
Name of Club							
Coaching Sessions you would like to attend? (Please tick all that apply)							
None at all	<input type="checkbox"/>	Mondays	<input type="checkbox"/>	Thursdays	<input type="checkbox"/>	Saturdays	<input type="checkbox"/>
Other event you would be interested in							
Jnr League	<input type="checkbox"/>	Tournaments	<input type="checkbox"/>	Half Term – Summer Holiday Events	<input type="checkbox"/>		

The section below must be completed by all

Tick box(es) if you do NOT wish to receive unsolicited information	
A: from non-table tennis companies	<input type="checkbox"/>
B: from table tennis organisations	<input type="checkbox"/>
C: on merchandising from the ETTA	<input type="checkbox"/>
I have read and agree to abide by the Club's rules and codes of conduct. I agree to the information on this form being stored on computer and being processed in accordance with the Data Protection Act.	
Signed:	Date:
This form should also be signed by a parent/guardian/carer.	
I understand that my son/daughter/child in my care is required to abide by the Club's 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. (*delete as appropriate)	
I give/do not give* permission for my son/daughter/child in my care to appear in photographs, taken during club activities, used in club publicity material, press releases & on the club website. (*delete as appropriate)	
Signed:	Parent/Guardian/Carer