

Office Use Only  
  
Membership Number

# Hampton Table Tennis Club

(an ETTA registered Club)

Hampton College, Eagle Way, Peterborough, PE7 8BF



## Membership Application Form 2013 - 2014

### PERSONAL INFORMATION

Title: Mr/Mrs/Miss/Ms/Master/Other (please circle)	Date of Birth:
Forename:	Occupation:
Family Name:	Gender:
Address:	Home Tel:
	Work Tel:
	Mobile:
Post Code	Email:

By completing your contact details, you are acknowledging that you would be happy to be contacted i.e. in case of sudden club closure information etc.

### I WOULD BE INTERESTED IN REPRESENTING THE CLUB IN WEEKDAY EVENING MATCHES IN THE LOCAL LEAGUE

Yes <input type="checkbox"/>	Reserve <input type="checkbox"/>	Not interested <input type="checkbox"/>
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### HAVE YOU PLAYED TABLE TENNIS BEFORE?

No <input type="checkbox"/>	Social player <input type="checkbox"/>	Previously a League player <input type="checkbox"/>
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### MEDICAL INFORMATION

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

Medical condition: (e.g. epilepsy, asthma diabetes, allergies etc)
Emergency Contact No(s):
Any Further Information:
Name of Doctor and contact telephone number:

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

I agree to this information being kept electronically on a club database.

Member to Sign: ..... Date: .....

For the under 18's this form should be also be signed below by a parent/guardian/carer after reading and answering the following:

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

I give/do not give\* permission for the administration of appropriate urgent medical treatment.

I give/do not 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.

(\* delete as appropriate)

Parent/Guardian/Carer to Sign: ..... Date: .....

Tel No. you the Parent/Guardian/Carer can be contacted on in case of an emergency .....

Please hand/send signed form to: HTTP c/o 38 Woodhurst Road, Peterborough, PE2 8PG  
(Any queries please call 07985 690133)