

HILLINGDON TABLE TENNIS CLUB

YOUR CLUB NEEDS YOU!!

Please tick any area you would be prepared to assist the club with. Support and training in some areas can be provided. NB The parents of junior members are encouraged to involve themselves in the club activities where and when possible	
Attendance recorder (occasionally only)	<input type="checkbox"/>
Practice partner (feeder)	<input type="checkbox"/>
Fund raising activities	<input type="checkbox"/>
Computer skills, i.e. website, graphics, artwork	<input type="checkbox"/>
Committee work and/or general admin	<input type="checkbox"/>
Press and publicity	<input type="checkbox"/>
Organising competitions	<input type="checkbox"/>
Equipment and general facility repair and maintenance	<input type="checkbox"/>
First aid	<input type="checkbox"/>
Refreshments/ social activities	<input type="checkbox"/>
Transport for matches	<input type="checkbox"/>
Coaching	<input type="checkbox"/>
Any other skills:	
I would be interested in representing the club in weekday evening matches in the local league:	
75 – 100% <input type="checkbox"/>	50 – 75% <input type="checkbox"/>
Reserve <input type="checkbox"/>	<input type="checkbox"/>



(An E.T.T.A. registered Participation Level **Premier Club**)



Club Venue Address: Hayes Stadium, Judge Heath Lane, Hayes
Club Contact: Development Officer, Allen Roper, Tel: 01895 253 259

Membership Application Form Season 2004 – 2005

Please hand/send completed and signed form with fee to: Allen Roper (address details as show in the cover sheet)

MEMBERSHIP DETAILS

Surname:		First Name:		
Title: Mr/ Mrs/ Ms/ Other		Occupation:		
Address:		Gender: Male / Female		
		Home Tel:		
		Work Tel:		
		Mobile No:		
Post Code:		Date of Birth:		
Email:				
Type of Membership	Juniors	Seniors	Non-members	Annual membership runs from 1st September <hr/> Payment by cash or cheque made out to "H.T.T.C." with an application
Membership Fee	£5.00	£10.00	-	
Session Fee	30p	50p	£1.00	
Stadium Entrance Fee	All Players		£2.50	

For Official Use	Cash / Cheque	Date Received:	Signed:
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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:	

PERSONAL INFORMATION

In order to help the club monitor its membership, can you please complete the following:

With which of the following groups do you closely identify:

- | | | | | | |
|----------------------|--------------------------|-------------------|--------------------------|---------------|--------------------------|
| Bangladeshi | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | White (UK/NI) | <input type="checkbox"/> |
| White (European) | <input type="checkbox"/> | Black (African) | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| White (Non-European) | <input type="checkbox"/> | Black (Caribbean) | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Black (UK) | <input type="checkbox"/> | | | | |

Other – please specify _____

Do you consider yourself to have a disability? Yes No

If 'Yes' with which of the following groups do you most closely identify:

- | | | | | | |
|---------------------|--------------------------|-------------------|--------------------------|--------------------|--------------------------|
| Physical Impairment | <input type="checkbox"/> | Visual Impairment | <input type="checkbox"/> | Hearing Impairment | <input type="checkbox"/> |
| Learning Disability | <input type="checkbox"/> | | | | |

Other – please specify _____

DECLARATION

I have read and agree to abide by the club rules and codes of conduct. I agree to this information being kept on the club database.

Tick box if you **DO** wish to receive unsolicited information:

- From non-Table Tennis companies
- From Table Tennis organisations
- On merchandising from the ETTA

Signed _____ Date _____

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 code of conduct, and that in the event of an incident all reasonable steps will be taken to use the emergency contacts and that the club will deal with the incident appropriately.

Signed _____ Date _____