

# YOUR CLUB NEEDS YOU !!

Please tick any areas you would be prepared to assist the club with. Support and training will be provided.	
Coaching	
Practice partner (feeder)	
Fund raising activities	
Computer skills, i.e. website, graphics, artwork	
Committee work and/or general admin.	
Press and publicity	
Organising competitions	
Equipment and general facility repair and maintenance	
First aid	
Refreshments/social activities	
Transport for matches	
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"/>

# Pudsey Table Tennis Club

(An ETTA registered Advanced *Premier Club*)



[www.pudseyttc.co.uk](http://www.pudseyttc.co.uk)

Club venue/address: Windmill Hill,  
Off Smalewell Road,  
Pudsey,  
Leeds,  
LS28 8JQ

Club contacts: Peter Thompson – 0113 2047082

## MEMBERSHIP APPLICATION FORM

## MEMBERSHIP DETAILS

Surname:		First Name:	
Title: Mr / Mrs / Ms / Other		Occupation:	
Address:		Gender: Male / Female	
		Home Tel:	
		Work Tel:	
Postcode:		Mobile No:	
E-Mail:		Date of Birth:	
Type of Membership:	Junior	Senior	Annual membership runs from 1 <sup>st</sup> September– 30 <sup>th</sup> August.
Fee:	£16	£32	

## 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 most 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"/> |                   | <input type="checkbox"/> |                    | <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.

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 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 son/daughter/child in my care to appear in photographs and videos taken during club activities and used in club publicity material, press releases and on the club website. (\*delete as appropriate)

Signed ..... Date .....

Please hand/send signed form with fee to:  
Peter Thompson