

**ExeTT Photography consent form 2011—2012**

I ..... being the parent/carer of.....

who is/are a Junior member(s) of the above club,

Agree / do not agree (delete as appropriate) to the Junior member above being photographed as part of activities of the Exe Table Tennis Club

**and**

Agree / do not agree (delete as appropriate) to the photographs above being published in various formats such as newspapers, Exe TT Club Website, electronic based documents and press releases

**and**

Agree/do not agree (delete as appropriate) to the names being published in the formats mentioned above

Signed ..... (Parent / carer)

Date .....

**The photographer at the Club, Howard Back is fully CRB checked**

# Exe Table Tennis Club



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



Club venue/address: Sports Hall, Exmouth Community College,  
Gypsy lane, Exmouth, EX8 3AF  
Club contacts: Tony Rowland (Treasurer) - 01395 263144  
Howard Back (Chairman) - 01395 233831

## **MEMBERSHIP APPLICATION FORM 2011 /2012**

## ExeTT Membership Details 2011 — 2012

Surname:				First name:			
Title: Mr / Mrs /Ms / Other				Occupation:			
Address:				Gender: Male / Female			
				Home Tel:			
				Work Tel:			
				Mobile No:			
Email:				Date of Birth:			
Type of Membership:	Junior	Senior	Family*	Annual membership runs from <b>1<sup>st</sup> September – 31<sup>st</sup> August</b> Members joining after 1st March pay reduced fee. For family membership, indicate here person paying the fee:			
Club fee	£17:00	£28:00	£45.00				
One-off life time fee	£10:00	£20:00	£20.00				
ETTA fee (Associate)	£3.00	£3.00	£3.00 p.p.				

NB - New members need to pay a "one-off" life time membership fee: £10 (Junior) or £20 (Senior). (If you were a member of the club last Year, you do not need to pay this fee). Total payment due is club fee plus ETTA fee, plus one-off fee. If you play in the Exeter league then you must register as a player online at <http://etta.tv>

\*Family means 2 Adults & 2 children under 18

New members may come along first week FOC, after that the charge will be £5.00 per session (Junior) or £5 per week (Senior). It would be much cheaper to become a member!! Benefits of becoming a member – 2 x half hour coaching sessions, discount card & club tee shirt at discounted rate.

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### ETTA INFORMATION (All members need to be registered)

ETTA membership Number: (if known)	
Membership type (e.g. Junior player, Senior player or Associate member)	
Other league/club name (e.g. Exeter league/Okehampton 'A')	

### 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:	

## ExeTT Personal Information 2011 — 2012

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

Physical impaired	<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 code of conduct.  
I agree to this information being kept on the club database.

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

For under 16s this form should be signed by parent/guardian/carer

I understand that my son/daughter/child in my care will be required to abide by rules and code of conduct, and that in the event of an accident all reasonable steps will be taken to use the emergency contacts.

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

\*Delete as appropriate

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

Please hand/send signed form with fee to:  
Tony Rowland,4 Greenhill Avenue, Lympstone EX8 5HW or member of committee  
Cheques payable to ExeTT or Exe Table Tennis Club

Office use	Amount paid	No.
Date.....	£..... Chq/cash	