



Affiliated to the English Table Tennis Association



www.northfieldttc.co.uk

**Sportsdrome, Northfield School,
Thames Road, Billingham TS22 5EG**

Contact: Jane Durham - 07988 414 467

E-mail: jdurham@northfieldttc.co.uk

MEMBERSHIP FORM - 2011-2012 SEASON

Player Details

ETTA ID: If You Have One

Name:

Address:

Address 2:

Town:

County:

Postcode:

Date of Birth: Gender:

Contact Details

Home Telephone:

Mobile Telephone:

Work Telephone:

E-mail Address: @

Medical Details

Please detail below any medical information that the club should be aware of relevant to participating in club activities. This information will be treated as strictly confidential.

Medical Condition(s):

Emergency Contact Name:

Emergency Contact Phone(s):

Doctor's Name:

Doctor's Phone:

Club Membership

Club Membership runs from the 1st September 2011 to the 31st August 2012

Select Membership Type:

- | | | |
|--------------------------|--------------------|--|
| <input type="checkbox"/> | Junior: | £15 |
| <input type="checkbox"/> | Senior: | £30 |
| <input type="checkbox"/> | Family (2 people): | 10% discount off total membership cost |
| <input type="checkbox"/> | Family (3 people): | 15% discount off total membership cost |
| <input type="checkbox"/> | Over 65's: | £25 |

NB: Membership is NOT required for Family Night (Every Friday)

Declaration

I have read, understood and agree to abide by the club rules and code of conduct (<http://www.northfieldttc.co.uk/Pages/Conduct.aspx>) at all times. I also agree to the information on this form being held on the club's membership database and also being passed to the ETTA.

All data held by Northfield TTC, will be held in accordance with the published ETTA Data Protection Policy. This strictly limits the passing on of member's details.

Please tick here if you do not want any data to be passed on to third parties via ETTA.

Signed:

Date:

For under 18's this form must also be signed by a parent / guardian / carer:

- I understand that my child / the 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 contact.
- I give / do not give* permission for the administration of appropriate medical treatment including an anaesthetic.
- I give / do not give* permission for my child to appear in photographs taken during club activities and any photos of them to be used in publicity materials, press releases and on the club or ETTA website.

* Please Delete As Appropriate

Signed:

Date:

FOR OFFICIAL USE ONLY

Received Date: Signed:

Players Identity Number:

Date added to database:



We are always looking for volunteers to help run the club in different areas such as...



Contact Details

Jane Durham:

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Carole Moore:

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