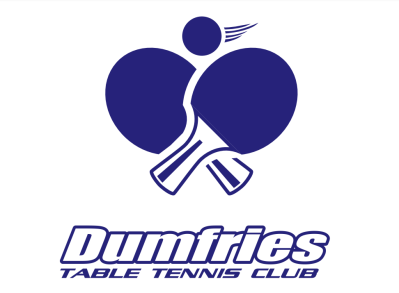
**REGISTRATION FORM**

Please complete in **BLOCK CAPITALS**

**Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Post Code**\_\_\_\_\_\_\_\_\_\_\_\_ **Phone no:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR U/18s ONLY **Additional contact** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no. \_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION OF FITNESS TO EXERCISE (REQUIRED)**

Do you have any medical conditions or restrictions relevant to table tennis activity which we should know about, e.g. breathing problems, dizziness, joint or muscle issues? YES NO

If YES, please give details:

For participants with medical conditions: I have sought medical advice and am aware of the increased risk and how to manage my condition(s). **€**

I understand that when participating in any type of exercise there is the possibility of physical injury and confirm that I am voluntarily participating in table tennis and do so at my own risk.

**Signed**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For U/18s ONLY **Parent/Carer signature** \_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are unable to sign for any other reason, a nominated responsible person may do so on your behalf

**DATA PROTECTION**

Your data will be used by Dumfries Table Tennis Club to register you for your session and/or as a club member. We will contact you with essential information about your membership (if applicable) and with news about club activities. All information that we (Dumfries Table Tennis Club) hold is in confidence and for our own use to run the club, ensure the safety of club members and for the club’s insurance purposes.

Please return this form to a committee member at the club on Shakespeare Street, Dumfries.

**MEMBERSHIP**

**I apply for the following membership:**

**€ Basic Membership £5 per year** (1 Oct – 30 Sept) Pay as you go for all sessions

**€ Standard Individual Membership £15 per month** (full access. First payment of £15 includes club membership for year 1 Oct – 30 Sept)

**€ Standard Family Membership £20 per month** (1 adult + 2 school-age children, full access. First payment of £20 includes club membership for each player for year 1 Oct – 30 Sept)

**€ Standard Annual Membership (individual) £165** (1 Oct – 30 Sept, full access)

**€ Standard Annual Membership (family) £220** (1 Oct – 30 Sept, full access)

Basic and monthly memberships payable by cash or card at the club, by bank transfer or monthly standing order (by 1st of each month). Annual memberships should be paid by bank transfer.

See <https://www.dumfriesttc.co.uk/membership/> for full terms and conditions

**Payment method** Cash £\_\_\_\_\_ Card £\_\_\_\_\_ Bank transfer £\_\_\_\_\_ Standing Order £\_\_\_\_\_

**Club bank account**: Sort code 80-11-60 Account number 00271524

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL CONSENT FOR JUNIOR COACHING SESSIONS**

My child is prepared and well enough to participate in club activities **€**

My child has the following condition, illness or allergy:

Please state any requirements:

If your child has any relevant medical conditions please tell us:

Family doctor/surgery:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surgery Tel no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission to the relevant official of Dumfries Table Tennis Club to make such emergency decisions as necessary with regard to the treatment of any medical condition or injury received during any activity until such time as I can be contacted. I authorise them to sign any medical documents necessary for the emergency treatment of my child should the need arise and I am unable to be contacted (anaesthetics etc.)

**Signed** (parent/carer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDIA** - I am happy for my child to have his/her photograph taken as part of individual or team photographs and for these photographs to be used for publishing in the local media (Galloway Standard, Galloway News) and/or Dumfries Table Tennis Club’s social media and website (www.dumfriesttc.co.uk)

**Signed** (parent/carer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_