

Ivybridge Table Tennis Club

MEMBERSHIP FORM 2023/2024

PLEASE PRINT CLEARLY and RETURN TO Alan Spencer

Email: IvybridgeTTC@aol.com - Mobile 07712896185

Post: 7 Claymans Pathway, Ivybridge, Devon, PL21 9UZ

* Delete as Appropriate

FORENAME

SURNAME

ADDRESS

Line 1

Line 2

TOWN/CITY

POST CODE

DATE OF BIRTH (DD/MM/YY)

TELEPHONE CONTACT DETAILS:

Mobile:

Home:

EMAIL ADDRESS

(Required for communication purposes only)

Photographs

(Please Select 1 "Yes" from Below, or Select the "No"'s which suit your wishes)

Yes / No

Photographs can be taken, and names used.

Yes / No

Photographs can be taken, however not specifically identified by name

Yes / No

Photographs can be taken for historical purposes, but not used without further permission

Photographs will only be used where permission is given.

* Membership runs from 1st August until 31st July the following year, Data is check annual for correctness

PL No

AKA TTID

*Your PL is your Player License Number – if you do not have one then do not worry
The club will sort, using the information provided on this form*

Information required by the Table Tennis England. To be strictly controlled under the Data Protection Act.

ETHNICITY & DISABILITY – If you do not wish to Disclose Ethnicity then tick here ☐

Which ethnic group do you most closely identify with?

White - British

White - Irish

White - Any Other

Asian or Asian British - Indian

Asian or Asian British - Pakistani

Asian or Asian British - Bangladeshi

Asian or Asian British - Any Other*

Chinese

*Please specify other

Mixed - White & Black - Caribbean

Mixed - White & Black - African

Mixed - White & Asian

Mixed - Any Other*

Black or Black British - Caribbean

Black or Black British - African

Black or Black British - Any Other*

Other*

Do you consider yourself to have a Disability?

Yes / No / Prefer not to say

If Yes, which of the following groups do you most closely identify with?

Visual Impairment

☐

Hearing Impairment

☐

Physical Disability

☐

Learning Disability

☐

Multiple Disability

☐

Other (Please specify)

☐

* Data on this form could be shared with the Club committee, and Table Tennis England for TT purposes.

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 as confidential.

Medical condition (e.g. epilepsy, diabetes, asthma, etc.)

Emergency contact name and number:

You Doctor's name and number:

SIGNATURE:

