

## DECLARATIONS

I have read and agree to abide by the Club's rules and codes of conduct.  
I agree to follow all of the steps put in place by the club as a precaution against the possible transmission of the corona virus. Should I contract Covid 19 I agree to advise the club immediately and not attend any practice or match playing sessions.

In submitting this form, I agree to the information contained herein being stored on a computer as a secure file and being processed in accordance with the Club's Data Privacy Policy. I understand that it becomes part of a register that is used by the Club's officials as an administration tool to monitor the payment of fees, organise teams and safeguard its members. The data may be shared with Table Tennis England and the Southampton Table Tennis Association but no other third party. Under the terms of the General Data Protection Regulation 2018 (GDPR) I understand that I have the right to request to inspect the data held on me and that this request will be accepted as stated in the Data Privacy Policy.

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

**FOR UNDER 18s ONLY** this form should also be signed by a parent/guardian/carer. I understand that the 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 child to appear in photographs taken during club activities and used in club publicity material, press releases and on the club or TTE website.

\*Delete as appropriate

PRINT NAME.....

Signature ..... Date.....

## NOTES TO MEMBER

There are three ways of dealing with your form:

1. Print that which you received as an email attachment, complete it and hand it in at the desk.
2. The same if you took a hard copy.
3. Send a scan of the completed form to the Membership Secretary at bobdaviesrbd@talktalk.net.

**If you have any administrative, technical, or practical skills, which you would be prepared to offer to help in the running of the club, please advise any of the officers.**

**THANK YOU FOR JOINING WATERSIDE TABLE TENNIS CLUB FOR THIS PERIOD**

**ENJOY YOUR TABLE TENNIS**



# Waterside Table Tennis Club

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

**(A Table Tennis England 4-star Premier Club)**



## SHORT TERM MEMBERSHIP APPLICATION

**Membership runs from 1 May to 31 August 2021**

<b>Venue</b>	To mid July - Waterside Table Tennis Centre Testwood Sports College, Testwood Lane, Totton, SO40 3ZW From mid July West Totton Centre Hazel Farm Road, Totton, Hants SO40 8WU
<b>Chairman</b>	<b>Colin French</b> Email: <a href="mailto:chairman@watersidettc.co.uk">chairman@watersidettc.co.uk</a>
<b>Match Secretary</b>	<b>John Fox</b> Email: <a href="mailto:john@watersidettc.co.uk">john@watersidettc.co.uk</a>
<b>Club Secretary</b>	<b>Jeff Davies</b> Email: <a href="mailto:secretary@watersidettc.co.uk">secretary@watersidettc.co.uk</a>
<b>Treasurer</b>	<b>Tony Huggett</b> Email: <a href="mailto:treasurer@watersidettc.co.uk">treasurer@watersidettc.co.uk</a>
<b>Membership Secretary</b>	<b>Bob Davies</b> Email: <a href="mailto:membership.secretary@watersidettc.co.uk">membership.secretary@watersidettc.co.uk</a>



## PERSONAL DETAILS

Title		Gender M/F		Date of Birth	
First Name			Surname		
Address				Post Code	
Home Telephone				Mobile	
Work Telephone if applicable				Email address <b>PLEASE PRINT CLEARLY</b>	
Emergency contact Name and No.		<b>ESSENTIAL INFORMATION</b>			
Do you consider that you have a disability? Y/N		If Yes, with which of the following do you most closely identify? Highlight which			
Visual Impairment	Hearing Impairment	Physical Disability	Learning Disability	Multiple Disability	Other*
Please specify Other*				I would prefer not to state any disability. Y/N	
Please detail below any medical information of which WTTC should be aware relevant to participating in club activities. This information is vital and will be treated as confidential.					
Medical Condition (e.g. epilepsy, diabetes, asthma, etc.)					
Doctor's Name and Tel. No.					

## TABLE TENNIS ENGLAND INDIVIDUAL MEMBERSHIP

It is WTTC Club policy that all members should register with Table Tennis England (TTE). There are 3 levels of membership. We are currently in the middle of a membership period. For this reason and the impact of the Covid19 pandemic it is not straight forward to state any interim fees that might be applicable. Please see the TTE subscription pages at <https://tabletennisengland.co.uk/membership/register-or-renew/>

Level	Playing permissions	Annual Fee 1 August 2021- 31 July 2022
1. Compete	Local League, 1 Star Tournaments, NCL, NJL	Adult £16 Junior £8
2. Compete Plus	Above plus 2 Star Tournaments, British League etc.	Adult £38 Junior £19
3. Club Play	Non-competitive play in club environment	All Free

## WTTC SUBSCRIPTION

### PAYMENTS

**During this period, there is no Waterside Table Tennis Club subscription to pay.**

**The new subscription year will begin 1 September 2021, when it will be necessary to complete a new full season application form and pay the appropriate subscription.**