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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Member Information** | | | | | | | | | | | | | |
| **Durham City Table Tennis Club**  **Contact Peter Whitfield 0787 5611230** [**whitfpe@gmail.com**](mailto:whitfpe@gmail.com)  **Website:** [**https://www.tabletennis365.com/DurhamTTC**](https://www.tabletennis365.com/DurhamTTC) | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| Date of Birth: | | Mobile: | | | | | | | Home: | | | | |
| Current Address: | | | | | | | | | | | | | |
| Town: | | County: | | | | | | | Postal Code: | | | | |
| Email: | | | | | Other email: | | | | | | | | |
| **Consent Arrangements if Under 18** | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| Address: | | | | | | Tele: | | | | | | | |
| Post Code: |  | | | | Mobile: |  | | | | | | | |
| Email: | | | | | | | | | | | | | |
| I hereby consent for appropriate representatives to administer first aid if required | | | | | | | | | | | Y | | N |
| I hereby consent to the use of appropriate photographs for promotion purposes | | | | | | | | | | | Y | | N |
| Signature: | | | | | | | |  | | | | | |
| **Emergency Contact** | | | | | | | | | | | | | |
| Name of suitable contact: Please put “see above” if appropriate: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| Town: | | | County: | | | | Postal Code: | | | Phone: | | | |
| Relationship: | | | | | | | | | | | | | |
| **Other Information** | | | | | | | | | | | | | |
| The Club actively seeks and encourages voluntary assistance to help further the aims of the club | | | | | | | | | | | | | |
| Please tick if assistance can be given in any of the following areas: | | | | | | | | | | | | | |
| Coaching/Officiating | | | |  | Transport | | | | | | |  | |
| Aiding club running | | | |  | Other | | | | | | |  | |
| **If you can think of any assistance you can offer please offer details here;** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

Please see Over for GDPR regulations and signatures

**DECLARATION**

I agree to abide by the club rules and codes of conduct.

**Data Protection**

The information you provide in this form will be used solely for dealing with you as a member of a Durham City Table Tennis Club.

The Club, as a member of Table Tennis England, abides by their Data Privacy Policy which is available on request. Your data will be stored in accordance with this policy.

I also agree to the information given on this form being held on the club’s membership database.

**Please tick here if you consent to your information being held in this way.**

The Club may wish to publish a Members list. This would include relevant member’s name, email addresses, phone/ mobile number, and will be available in either electronic or paper versions.

**If you consent to our data being shared in this way, please tick here.**

Please be aware that if you later decide to withdraw consent to your contact details being published it will not be possible to remove your contact details from printed material until such time as the next edition of the list is printed. The Club may arrange for photographs or videos to be taken of Club activities and published on our website or social media channels to promote the Club.

**If you consent to your image being used by the Club in this way, please tick here.**

I have read and agree to abide by the club rules and codes of conduct above.

**Signed ……………………………………………………………. Date ..……………….**

**Name (Block Capitals) …………………………………………………………………..**

**PARENTAL/GUARDIAN CONSENT (if child under 18)**

If you consent to the use of your child’s image being used for the purposes above please tick here.

By agreeing to your images being used, you agree to assign any copyright or any other right of ownership of these images to the Club.

• **I understand that my 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 Table Tennis England website. (\*delete as appropriate)**

**Signed (Parent/Guardian\*)**

**……………………………………………………………………… Date ……………….**

**Name (Block Capitals)**

**………………………………………………………Relationship ………………………..**

***Instructions – Please print; complete and return to the Club with any membership fee due.***