



# Crewe Central Table Tennis Club

## Junior (U18) Membership/Parental Consent Form

Junior Members Name	
Address (inc Postcode)	
Nationality	
Date of Birth / Gender	M / F
Date of Joining	
TTE Number	
Any medical information or allergies you think we need to know about	
Parents / Carers Name & Address (if different)	
Parents / Carers Telephone / Mobile/email address	

**Parent / Carer (Please *check* the information above and by signing, you confirm that you are happy for us to hold this information for our records. We will not pass it to any third party except in the interests of the child's/children's safety and welfare)**

I give permission for my child to attend Crewe Central Table Tennis Club events.

### Information Sharing

Please indicate if you consent to your child being photographed or filmed during their time at the Table Tennis Club. Please also indicate whether you are happy for these images to be shared for promotional and teaching purposes in print or on the internet.

Photography ☐ Filming ☐ Internet ☐ Print ☐

In the event of any medical emergency I understand that the leaders will endeavor to contact me. Also, I give them permission to contact the Emergency Services if required.

Signed  
(Parent / Carer)

Date

**Annual Junior Membership fee of £5 is payable annually on January 1st**