

Isle of Man Table Tennis Association Player Registration Form

Form to be completed by all players prior to start of the season

Name of Player: Male ☐ Female ☐

Date of birth:

Address:

.....

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..... Post code:

Telephone No: Mobile: Email:

Emergency contact number:

Do you have any medical illness which the Association should be aware of

whilst you are playing or training?

YES ☐ NO ☐

Detail if YES

.....

Applicable to juniors under 16 – Parent or Guardian to sign

If you do not want your child to be photographed please tick the box ☐

(In accordance with the Associations Child Protection Policy we will try to on group photos rather than individual juniors and not name them unless we feel it appropriate to do so. Photos are likely to appear on the website and in local papers)

- I agree to my child being transported to fixtures by club officials with YES ☐ NO ☐

appropriate consent

- I agree that my child may receive minor medical assistance for any injuries

during matches or training

YES ☐ NO ☐

Data Protection – I agree to my details being used in an Excel Sheet to determine eligibility for tournaments - ***please tick box*** ☐

Parent/Guardian signature: Print Name:

Players signature:

Date: