Bromley & District Table Tennis Association
Player Registration Form 2009/10

PLEASE USE BLOCK CAPITALS

No new player to your club is eligible to play in the League unless this form has been duly completed and delivered to the Registration Secretary together with the appropriate fees (£4 seniors, £2 juniors), at least 48 hours before their first match. If this rule is not complied with all games played by the player will be forfeited.

Club		**Team**	

Personal Information

Title		
Forename		
Family Name		
Address		
Post Code	**(full postcode)**	
Date of Birth	**(dd/mm/yyyy)**	
Gender	**Male/Female**	
Home Tel.		
Work Tel.		
Mobile Tel.		
E-Mail		

With which of the following ethnic groups do you most closely identify?			
White – British	☐	Mixed – White and Black - Caribbean	☐
White – Irish	☐	Mixed – White and Black - African	☐
White – Any other*	☐	Mixed – White and Asian	☐
Asian or Asian British - Indian	☐	Mixed – Any other*	☐
Asian or Asian British - Pakistani	☐	Black or Black British - Caribbean	☐
Asian or Asian British -Bangladeshi	☐	Black or Black British - African	☐
Asian or Asian British - Any other*	☐	Black or Black British – Any other*	☐
Chinese	☐	Black or Black British – Any other*	☐
*Please specify			

Do you consider yourself to have a disability?		**Yes**	☐	**No**	☐
If "Yes" with which of the following groups do you most closely identify?					
Visual Impairment	☐	Hearing Impairment	☐	Physical Disability	☐
Learning Disability	☐	Multiple Disability	☐	Other (specify)	
Do you have any disability, which limits your daily activities or the work you can do? (Including those due to old age)		**Yes**	☐	**No**	☐
Do you have any long-term illness or health problem, which limits your daily activities or work you can do? (Including those due to old age)		**Yes**	☐	**No**	☐

Activity Survey

Are you a social member of your Club only?				Yes ☐	No ☐
Playing: are you a table tennis player?				Yes ☐	No ☐
If yes how often did you play in the previous 12 months? (tick one)					
Not at all ☐	Less than once a month ☐	Once a month ☐			
Once a week ☐	3 or more times a week ☐				
Coaching: are you a table tennis coach?				Yes ☐	No ☐
If yes how often have you coached in the previous 12 months? (tick one)					
Not at all ☐	Less than 1 hr per week ☐	1-3 hrs per week ☐			
4-6 hrs per week ☐	7-14 hrs per week ☐	15+ hrs per week ☐			
Do you hold a current coaching qualification? (if yes tick all that apply)					
ETTA ☐	Level:				
UKCC ☐	Level:	Interested?	Yes ☐		
Are you paid for the coaching you do? (tick one)					
Paid full-time (30+ hrs per week) ☐	Paid part-time (less than 30 hrs/wk) ☐	Unpaid (voluntary (incl. expenses only paid) ☐			
Volunteering: are you a table tennis volunteer?				Yes ☐	No ☐
If yes how long on average did you spend in the previous 12 months? (tick one)					
Less than one hour per week ☐	More than one hour per week ☐				
Are you a League Committee Member?				Yes ☐	No ☐
Are you an other League official?				Yes ☐	No ☐
If yes please specify:					
Do you hold a table tennis qualification? (if yes tick all that apply and indicate level)					
Referee ☐		Interested?	Yes ☐		
Umpire (including junior umpire) ☐		Interested?	Yes ☐		
Tournament Organiser ☐		Interested?	Yes ☐		
Table Tennis Development Officer ☐		Interested?	Yes ☐		
Table Tennis Networker ☐		Interested?	Yes ☐		
Other (please specify):					

Tick boxes if you do NOT want to receive unsolicited information			
A: from non-table tennis organisations	☐	B: from table tennis organisations	☐
C: on merchandising from the ETTA	☐		
I agree to the information on this form being stored on computer and being processed in accordance with the Data Protection Act			☐
I agree to the information on this form being passed on to the ETTA			☐

Signed:	**Date:**
Signed:	**Parent/Guardian/Carer** (if individual is under 16)

I certify that the above named player is a member of the above Club and is to be registered in the team stated.

Signed (Club Secretary or Team Captain)	
Print Name	
Date	