

Bournemouth and District Table Tennis Association.

Thank you for showing an interest in the new BDTTA table tennis coaching at Portchester School.

If you would like to reserve a place, please print off and complete the form, deleting where necessary.

I _____ parent / guardian give permission for my son /daughter _____ to attend the 10 week coaching sessions organised by the BDTTA at Portchester school starting on Saturday 16th January 2010.

I do /do not enclose money / cheque for £20 payable to the BDTTA for the course.

I would like to pay for the course in two instalments of £10. I enclose £10 for the first 5 weeks.

I am / am not happy for my child to be photographed during coaching sessions.

Please also fill in the form below.

Name of Participant _____

Preferred Name _____

Address _____

Postcode _____ Telephone _____ Mob _____

Age _____ Date of Birth _____ Gender _____

The information asked for below will be kept confidential.

Emergency Contact Details

Name_____

Home Telephone_____ Mobile_____

Relationship to Participant_____

Medical Information

Does your child have any special medical conditions requiring medical treatment or medication?

Are there any other medical details we should know about?_____

Does your child suffer from any allergies? _____

I _____agree for my child to attend the above coaching course. I acknowledge that that the coaches will be liable in the event of an accident only if they have failed to take reasonable steps in their duty of care for my child.

I _____give permission for the coaches to give the immediate authority on my behalf for any medical treatment recommended by medical authorities if delay would be contrary to my child's interests.

Signed_____

Print Name_____

Once completed please return to:
BTTA Coaching Officer
2 Danehurst New Road,
Tiptoe
Lymington
SO41 6FW