



# Westfield Table Tennis Club

E.T.T.A. Premier Club - Advanced Level

<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	
<b>Local league or National Ranking:</b>	
<b>Email:</b>	<b>Phone number:</b>
<b>Medical information (please include anything we should be aware of):</b>	
<b>Emergency contact details</b>	
Name:	
Contact number:	
<b>Please indicate below which dates you would like to book (please circle or highlight):</b>	
Thursday 29 <sup>th</sup> December                      Friday 30 <sup>th</sup> December	
All week	
Could you please sign below to certify that in the unlikely case of injury to your child, you will trust our judgment in the course of action and give permission for emergency treatment to be administered.	
..... date .....	
Please sign below if you agree to the Westfield Table Tennis Camp taking photos of yourself/your child and using these photos for future publications. (If Under 16, parent or guardian must sign here):	
.....	
Please return with accompanying cheque to; (Deposit for half of course costs required to complete booking)	
Greg Yarnall, 32 John Lea Way, Wellingborough, NN8 2QA Please make cheques payable to Greg Yarnall	