



# 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>	
Friday 28 <sup>th</sup> December	Saturday 29 <sup>th</sup> December
Monday 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, 45 Malham Drive, Kettering, Northants, NN16 9FS Please make cheques payable to Greg Yarnall	