



TRALEE TABLE TENNIS CLUB

MEMBERSHIP APPLICATION FORM

2013/14
(JUVENILE)

First Name

Last Name

Address

Mobile phone number (for text alerts)

Please do not give your contact details without your parents' permission

Email (for e-mail notifications)

I am interested in entering Ranking Tournaments during the 2013/14 season Yes No

Date of Birth

I have read and agree to abide by the Rules of Tralee Table Tennis Club.

Child's signature: _____

Age group

This section to be completed by Parent or Guardian

First Name (Parent or Guardian)

Last Name

Mobile phone number

Home phone number

Medical History

List any medical conditions or medications which you would like us to be aware of.

I enclose €20 Annual Membership Fee

I would be willing to supervise some sessions (no Table Tennis skill needed)

Fees 2013/14

Annual Membership Fee €20 per child plus €2 per session

Casual Play €3 per session (**numbers permitting**)

Only Members will be eligible to play in club competitions.

I _____ (parent) accept the Rules and Code of Ethics of the club.

I understand that photographs of club activities may be posted on the Club Web Site (www.traleetabletennis.com).

Parent's Signature: _____

Date: