

English Table Tennis Association

Individual Registration Form

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| League | Daventry |
| Club | |
| Team | |

Personal Information

Current Data

New Data/Amendments

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|---------------|-----------------|--|
| Title | | |
| Forename | | |
| Family name | | |
| Address | | |
| Postcode | (full postcode) | |
| Date of Birth | (dd/mm/yyyy) | |
| Gender | (male/female) | |
| Home tel. | | |
| Work tel. | | |
| Mobile tel. | | |
| E-mail | | |

To help the League and the ETTA to monitor membership and participation please complete the following sections and the Activity Survey opposite.

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| With which of the following ethnic groups do you most closely identify? | |
| Current Data: | |
| White - British <input type="checkbox"/> | Mixed - White and Black - Caribbean <input type="checkbox"/> |
| White - Irish <input type="checkbox"/> | Mixed - White and Black - African <input type="checkbox"/> |
| White - Any other* <input type="checkbox"/> | Mixed - White and Asian <input type="checkbox"/> |
| Asian or Asian British - Indian <input type="checkbox"/> | Mixed - Any other* <input type="checkbox"/> |
| Asian or Asian British - Pakistani <input type="checkbox"/> | Black or Black British - Caribbean <input type="checkbox"/> |
| Asian or Asian British - Bangladeshi <input type="checkbox"/> | Black or Black British - African <input type="checkbox"/> |
| Asian or Asian British - Any other* <input type="checkbox"/> | Black or Black British - Any other* <input type="checkbox"/> |
| Chinese <input type="checkbox"/> | Other* <input type="checkbox"/> |
| *Please specify 'other' | |

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

Activity Survey

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

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| Tick box(es) if you do NOT wish to receive unsolicited information | |
| A: from non-table tennis companies <input type="checkbox"/> | B: from table tennis organisations <input type="checkbox"/> |
| C: on merchandising from the ETTA <input type="checkbox"/> | |
| I agree to the information on this form being stored on computer and being processed in accordance with the Data Protection Act. | |
| Signed: | Date: |
| Signed: | Parent/Guardian/Carer (if individual is Under 18) |

League info and news may occasionally be e-mailed, or sent as a TXT MSG, to you.

Please speak to a committee member about, and detail here, any medical condition and/or medication the league should know about (Members are responsible for their own medication needs)

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By returning this form you agree to the league keeping your details on a PC.