EMPIRE TABLE TENNIS CLUB INC	
Marine Parade, Petone P.O. Box 38312, Wellington Mail Centre, Lower Hutt 5045 www.empirett.org.nz	



JUNIOR CLUB MEMBERSHIP APPLICATION FORM

PLAYER'S DETAILS (please prin	t)	
Player's first name:		Last name:
Preferred name:	Gender:	M / F (please circle)
Date of birth (required):		Age last birthday:
Player's primary address:		
Player's email:		School:
Please note any medical conditi	ons or allergies that	at we should be aware of:
PARENT OR GUARDIAN CONTA	CT DETAILS (plea	se include full names):
		Work:
Email:		
 PLAYER CODE OF CONDUCT: I will: Play fair and be a good s Take my turn at being um Treat my fellow players, u Tidy after myself and res 	ipire Impires, superviso	ers and coaches with respect upment and premises.
CLUB SUPPORT BY PARENTS/C Friday night junior club is run by I can help by: • Greeting players, taking p • Selling drinks and treats • Generally supervising the • Helping with special ever	y volunteers who h payments and help in the shop (appro e session	elp out a few nights a term. ing do the draw (from 6:30pm)
May we use your child's photo o	on our website/Fac	ebook pages & newsletter? YES / NO (please circle)
Player signature:	Parent/gu	lardian signature:
Date		
How did you find out about us? Family/Friends	Internet	Other □

PRIVACY POLICY: This information will be used solely for the purposes of conducting the normal business of Empire Table Tennis Club. [Office use- entered:_____]