

Irish Table Tennis Association Ltd

ULSTER BRANCH



Club registration and consent form

Personal information – child / young person				
Name				
prefer name				
Address				
Date of birth				
Gender ¹	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Another description (please state) <input type="checkbox"/>
What is your first language or preferred type of communication?				
How do you best communicate with others?				
Are there specific things we need to bear in mind to support you?				
Are there any activities in which you can not participate?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>		
Why would you like to join this club, team or activity?				
What do you enjoy most about playing sport?				
Are there any practical things that have helped you previously take part in sport that would help us support you here?				
Is there anything we need understand about you, so we can support you to take part?				

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Personal information – parent or carer	
Name	
Contact number(s)	
Email	

Emergency contact information			
Name of alternative adult to contact in an emergency		Relationship to child or young person	
Contact number(s) of alternative adult			

Medical information		
Are there any specific medical conditions requiring medical treatment?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Details of medication required (e.g. pills, inhaler)		
Are there any other medical conditions or disabilities to be aware of?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Do they have any allergies?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Are there any dietary requirements (including vegan / vegetarian)?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>

I confirm my registration – child / young person	
Signature	✕
Print name	
Today's date	

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Declaration of consent – parent / carer

Please tick the boxes below and then sign this form.

☐ I give my consent that if an emergency medical situation arises, the organisation / club may act *in loco parentis* for administration of first aid and/or other medical treatment that in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances all reasonable steps will be taken.

☐ I confirm that I have read, or been made aware of, the organisation's:

- codes of conduct for parents, coaches, and children
- transport policy
- changing-room policy
- policies on photography, videoing, texting and use of social media.

☐ I confirm that my child is aware of the **[insert name of your club / organisation]** code of conduct for children and its anti-bullying policy.

Signature

x

Print name

Today's date

Confidentiality: Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

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