

Table Tennis Tournament Registration Form

Forename(s): _____

Surname: _____

DOB: _____

Telephone: _____

Address: _____

Email: _____

Postcode: _____

Have you played table tennis before:

Level of Expertise: Beginner Intermediate Expert

How did you hear about us? _____

Medical information: _____

Please Fill if Player is Under 18:

Emergency Contact: _____ Relationship: _____

Emergency Number: _____

Will the young person be picked up after the event? _____

Please tick and sign the following statements:

- I give permission for HCC to collect and store personal data about me and the activities that I participate in both manual and electronic filing systems for monitoring purposes. I understand that the data will be held in line with the Data Protection Act 1988.
- I give consent for any multimedia information (e.g., photos/videos) to be used for Hedgecock Community Centre (HCC) marketing & publicity material
- I wish to be notified of any future events that is held by HCC

Print Name: _____

Signature: _____

Date: _____

Hedgecock Community Centre - Privacy Policy

Please read this policy carefully to see how we will treat the information that you provide to us.

We, Hedgecock Community Centre (HCC) Privacy Policy will take reasonable care to keep your personal information secure and prevent any unauthorised access or unlawful use of it. We process all personal information in accordance with applicable UK data protection legislation. We will use your personal information to register HCC and will hold his/her personal information on our system. If any of your information changes you must update the HCC so that an accurate record can be kept. We will use the personal information to provide