



Table Tennis



NEW JUNIOR COACHING COMMENCES AT PORCHESTER SCHOOL

Dear Parent / Player ,

I am delighted to inform you that on Saturday 16th January 2010, **The Bournemouth and District Table Tennis Association** will be commencing a 10 week coaching programme for Juniors.

Porchester School will be the venue. There will be two sessions each Saturday morning, one for beginners, between 9:30am and 11am, and a second session for intermediate players between 11 and 12:30pm.

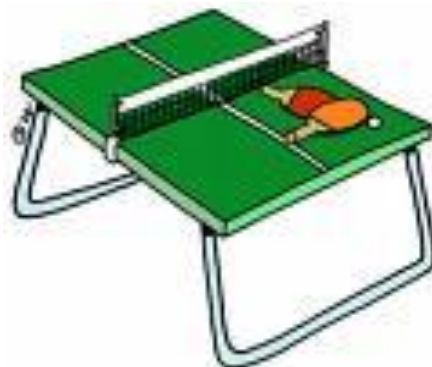
The cost of these weekly sessions will be £2:00. (It is hoped that each player will commit to the 10 weeks.) **Places will be limited to 20 in each class.**

With the use of **10 tables**, and a normal ratio of **one coach to 5 players**, the sessions should be fun, educational; and give each player a wonderful opportunity to improve and enjoy this great game.

If you are interested in the above sessions, please contact the BTTA Coaching Officer, James Lewis, by e mail at jameschlewis@yahoo.com or by phone in the evenings on 07543 834 032.

Places are being offered on a come first served basis.

Kind Regards,
James Lewis (BTTA Coaching Officer)



Bournemouth and District Table Tennis Association.

Thank you for showing an interest in the new BDTTA table tennis coaching at Porchester School.

If you would like to reserve a place, please complete, and delete where necessary, the form below.

I _____ parent / guardian give permission for my

son /daughter _____ to attend the 10 week coaching sessions organised by the BDTTA at Porchester school starting on Saturday 16th January 2010.

I do /do not enclose money / cheque for £20 payable to the BDTTA for the course.

I would like to pay for the course in two installments of £10. I enclose £10 for the first 5 weeks.

I am / am not happy for my child to be photographed during coaching sessions.

Please also fill in the form below.

Name of Participant _____

Preferred Name _____

Address _____

Postcode _____ Telephone _____ Mob _____

Age _____ Date of Birth _____ Gender _____

The information asked for below will be kept confidential.

Emergency Contact Details

Name_____

Home Telephone_____ Mobile_____

Relationship to Participant_____

Medical Information

Does your child have any special medical conditions requiring medical treatment or medication?

Are there any other medical details we should know about?_____

Does your child suffer from any allergies? _____

I _____agree for my child to attend the above coaching course. I acknowledge that that the coaches will be liable in the event of an accident only if they have failed to take reasonable steps in their duty of care for my child.

I _____give permission for the coaches to give the immediate authority on my behalf for any medical treatment recommended by medical authorities if delay would be contrary to my child's interests.

Signed_____

Print Name_____

Once completed please return to:
BDTTA Coaching Officer
2 Danehurst New Road,
Tiptoe
Lymington
SO41 6FW