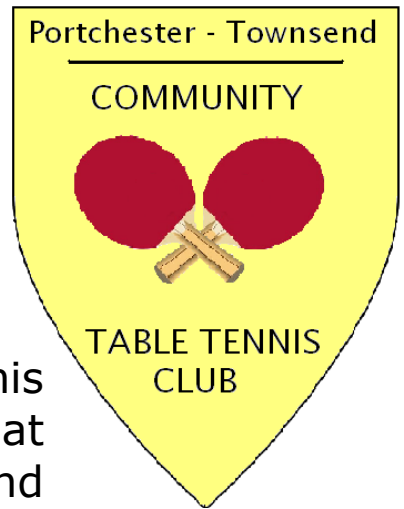


Come To Our Club !!



Portchester – Townsend Community Table Tennis Club (P-T CTTC) is a Community Club located at Portchester Boys School, Harewood Ave and Townsend Community Centre. We have many junior members and encourage them to bring along their friends and family members to “have a knock,” practise; get coached by our professional coaches & volunteers, have a go a multi-ball and even use our fantastic robot !!!

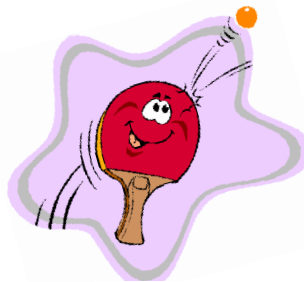


Club Sessions:

Day: Tuesday
Venue: Townsend Community Centre
Time: 7pm – 9.15pm

Day: Wednesday
Venue: Portchester School
Time: 7pm – 9.15pm

Contact:
Ralph Weeks – 01202 875103
Colin McLean - 01202 710423
Heather Knight – 07752 470214
heather@galaktickiss.com
(No spam please.)



Professional Coaches!

Costs:

1st Session: FREE !!
After: £1 junior, £2 adults
Club Membership: £15 juniors, £18 adults. (Family discount!)

**All ages welcome
(8-80) !!**

All equipment provided !!





NOTES FOR THE NEW SEASON

August 2009

Hello All

I hope everyone has had a good summer's break and is fired up for the new season. Thanks to everyone who returned questionnaires to me at the end of last term. I do need information from all of you so I'm putting another questionnaire in for those who didn't return them. Your email address is very important because it can save a lot of time and postal expenses. Here we go.....

We have a new coach! Heather Knight was appointed as Portchester Community Coach in July and will begin work in September. She will be working in Portchester and other schools in the area and will also be supporting our Community Club on Wednesday evenings. Heather is very well qualified as a coach as well as being a very good player and will be a great asset to table tennis in the area.

The Club re-opens at the beginning of September. This means that there will be Table Tennis at Townsend on Tuesday 1st September and Tuesday 8th September, and at Portchester on Wednesday 9th September. Sessions start at 7.00 pm and finish at Townsend at 9.30 pm and at Portchester at 9.15 pm. Tuesdays at Townsend will follow the same pattern as last year, with the first hour or so mainly devoted to beginners' coaching.

Money! Not my favourite subject, but we can't run the Club on fresh air! We have to pay for use of our two venues as well as updating equipment and meeting administration and other expenses involved in running the club. The Club is run by volunteers and no-one receives any payment. What we charge members is just enough to keep us going - but only if all members pay their money on time!

Your Committee has agreed the following charges for this season. There is only a slight increase on last year.

Club Session Fees - £2.00 for adults and £1.00 for juniors.

(Adults attending Townsend after 8.00 pm will only be charged £1.00)

Match Fees Wednesday Evenings - £1.00 per player.

Annual Membership Charges:

	Adults	Juniors	2 nd member in family	Family of 3+
Full Year	£18.00	£15.00	£3.00 discount	£36.00
Half Year	£9.00	£7.50	£1.50 discount	£18.00

We prefer payment to be made in September for the whole year till August 2010.

However, payment in two equal instalments, in September and January, will also be accepted.

This year there will not be an option to pay termly because collection of money became a pain last year and the Club missed out on some of its predicted income. Cheques should be made payable to "Portchester School" if paid **in September**. Thereafter they should be paid to "Portchester-Townsend Community Table Tennis Club" or "Portchester-Townsend CTTC".

This change is due to the fact that the Club will be setting up its own separate bank account from 1st October. (League players – please see next paragraph for League fees.)

League teams

We have started to put together our first thoughts about teams and we will need to go firm within the first two weeks in September. Please use the questionnaire to register your interest in playing in the League if you haven't done so already.

Remember that the 1st Division on Wednesday evenings will be like last season's 2nd Division. We would be pleased to have lots of beginner teams and would even consider splitting it into two smaller divisions if necessary. We just want players to enjoy matches against others of a similar standard. Please also think about who you would like to play with as a team and let me know as soon as possible. You are welcome to choose your own name for your team. I suggest squads of four (or even 5) so that you always have a reserve if someone is ill. Family teams are of course very welcome indeed!

The Pairs League on Fridays is a new venture and we think this format (or something similar) will be the future of Table Tennis. Again, we think it is very suitable for family teams and other teams who can arrange their own transport.

Money again! The Club will pay the team entry fees to the League, but each player will need to pay a Player Registration Fee of £7.00 for juniors and £14.00 for adults. These should be paid to the Club (details as above) and we then send them on to the League. This player fee entitles you to play in the Wednesday League and in the Friday Pairs league if you wish. League matches will be starting around the beginning of October, so I need your questionnaires really soon. You can email them to ralph.weeks@btinternet.com or send them by post.

The Club

We have renewed our status with the ETTA as a Premier Club with the "Clubmark" recognition as a quality club. This means that we get extra help and advice from the ETTA and ensures that we maintain our standards of provision. We are working closely with the Poole League to draw more people into our great sport. But, however much we advertise, the best way to get new members is for you to bring along a friend or a relative who you think might enjoy the sport. We would especially like to see more girls and ladies taking up table tennis as it's a sport where everyone can start equal.

With your support, this Club can go from strength to strength and can do a huge amount for the present and for the future of table tennis in Bournemouth and Poole.

Cadet League

The first round of matches in the National Cadet League will take place on Saturday 10th October at Portchester. This is for players born on or after the 1st January 1995. Now is the time to be thinking about your teams and talking to your mates. We recommend a squad of 4 players for each team. Let Colin or me know as soon as you have a team organised.

Membership Forms

As part of our child protection procedures we require new membership forms every year for juniors (under 18). A form is enclosed with this newsletter (junior members only) and should be completed by a parent/carer and if possible returned with payment of annual fees. Membership forms for adults can be obtained from me at Club sessions.

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That's all for now. I look forward to seeing everyone in September.

*Ralph*

# Portchester- Townsend Community Table Tennis Club

## Player Code of Conduct

The Club expects that everyone involved with table tennis will: respect the rights, dignity and worth of anyone they meet within our sport; treat everyone equally regardless of age, ability, gender, race, religion, ethnic origin, social status or sexual orientation; accept that it is the responsibility of all of us to challenge any injustice that may occur within our sport; accept that everyone has the right to be protected from abuse.

- ❖ Always do your best in every situation and set a positive example to others.
- ❖ Be punctual at all times for training and competition and be ready at the table to play.
- ❖ If you feel unwell or have an accident you should report immediately to one of the responsible adults.
- ❖ Treat both the training and competition venues with respect and always leave kitbags neatly where they will not cause an obstruction to others.
- ❖ Once at a competition arena no player should leave the venue unless given specific permission or instructions by one of the responsible adults.
- ❖ Players must be responsible for ensuring that they arrive at training or competition venues with all their correct kit and equipment and must be responsible for their belongings.
- ❖ No player shall take or in any way interfere with another person's property or belongings.
- ❖ Always obey instructions given by the responsible adults.
- ❖ Be courteous and polite to all the people you meet as a member of a team, particularly your opponents, practice partners, coaches and fellow team members. Do not show negative body language and behaviour whilst at the table.
- ❖ Take responsibility for yourself in and out of competition and always be aware of your personal safety; for example be wary of talking to strangers and do not get into a vehicle with a stranger,
- ❖ Always respect and never under-estimate your opponents.
- ❖ Always encourage and support your fellow team members, but without behaving in an unsporting way towards your opponents.
- ❖ Bullying (verbal or physical) of fellow team members or opponents will not be tolerated under any circumstances.
- ❖ Never use inappropriate language.
- ❖ Resist any temptation to take banned substances.
- ❖ No relationship of an intimate nature will be allowed between players or between players and coaches travelling together and when staying as a group no boys should enter girls' rooms or vice versa.
- ❖ Treat all accommodation with respect and always leave hotel rooms tidy.
- ❖ When travelling abroad all players must respect the culture, clothing and customs of the country they are visiting.
- ❖ Always address officials or coaches at any competitions or training camps with respect and never question their judgement.
- ❖ Use any free time constructively, for example relax, watch potential opponents or focus on the next session.

Poole and District Table Tennis Association  
**Portchester-Townsend Community Table Tennis Club**  
Junior Membership and Child Protection Form

Dear Parent/Carer

Please complete this form and return one copy to the Club Secretary (by hand or by post to the address at end of form). We strongly advise that you make a photocopy of the completed form, which should be retained by yourself and carried by your child to table tennis events in which he/she is participating.

The information contained in the form will be held securely by the Club/Association Welfare Officer and only made available to representatives of the Club or Association responsible for your child whilst travelling and at events.

**Please complete the form in black pen and in block capitals.** Thank you for your help.

**PERSONAL DETAILS OF CHILD**

|                                 |                          |                |                          |
|---------------------------------|--------------------------|----------------|--------------------------|
| First Name:                     |                          |                |                          |
| Last Name:                      |                          |                |                          |
| Preferred Name (if applicable): |                          |                |                          |
| Address:                        |                          |                |                          |
| Postcode:                       |                          |                |                          |
| Telephone Numbers: Home:        |                          | Mobile:        |                          |
| Age:                            |                          | Date of Birth: |                          |
| Gender: Male                    | <input type="checkbox"/> | Female         | <input type="checkbox"/> |

**EMERGENCY CONTACT DETAILS (Normally parents/carers)**

|                          |       |
|--------------------------|-------|
| First name:              |       |
| Last name:               |       |
| Telephone Numbers: Home: | Work: |
| Mobile(s):               |       |
| Relationship to child:   |       |

**SECOND EMERGENCY CONTACT DETAILS (If available; normally relative or friend)**

|                          |       |
|--------------------------|-------|
| First name:              |       |
| Last name:               |       |
| Telephone Numbers: Home: | Work: |
| Mobile(s):               |       |
| Relationship to child:   |       |

**MEDICAL INFORMATION**

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| Does your child have any specific medical conditions requiring medical treatment and/or medication? |
| Are there any other medical details you feel we should know about?                                  |

(Continued overleaf)

|                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------|
| Doctor's Name:                                                                                                                         |
| Doctor's telephone number:                                                                                                             |
| Does your child have any special dietary needs?<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, please specify: |

**RELIGIOUS NEEDS**

|                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Does your child have any specific religious requirements e.g. Prayer Room?<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, please specify: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|

I consent to my child taking part in coaching sessions, matches and events arranged by the Poole and District Table Tennis Association and Portchester-Townsend Community Table Tennis Club, or playing as a representative of the Association or Club in other events, during the next year, i.e. until 31<sup>st</sup> August 2010. I acknowledge that the Association or Club will be liable in the event of any accident only if they have failed to take reasonable steps in their duty of care for my child during such events. I understand that Association and Club representatives have a common law duty to act in the capacity of a reasonably prudent parent. I understand that I will be informed in advance of event venue details and travelling arrangements where applicable.

I, \_\_\_\_\_, being the parent/guardian/carer (delete as applicable) of the above named child, hereby give permission for the relevant Association or Club representative to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

I am aware of the Player's Code of Conduct and agree that my child should abide by this while in the care of the Association or Club and I understand that in the event of a serious or continued breach of this Code I will be informed and my child may be sent home early, if necessary at my expense.

I am aware that photographs may be taken during events for promotional purposes and filming may be used for coaching purposes only and I give consent as indicated: (please tick)

Promotional photographs       Filming for coaching

|                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|
| Parent/Guardian/Carer Name: (please print)<br>(Must be person with legal parental responsibility)              |
| Signature of Parent/Guardian/Carer:                                                                            |
| Date:                                                                                                          |
| Once completed please return this form to:<br>R Weeks<br>60 Victoria Gardens<br>Ferndown<br>Dorset<br>BH22 9JH |