



The information contained will remain confidential to ensure safeguarding guidelines are being adhered to. Please complete all questions and ensure all writing is legible.

**PERSONAL DETAILS OF PARTICIPANT :**

Last Name:		First Name:					
Address:							
Postcode:							
Telephone Numbers: Home:				Mobile:			
Age:		Date of Birth:					
Gender: Male		Female		Transgender		Other	

**PARENT/CARER/GUARDIAN CONTACT DETAILS:**

First Name:							
Last Name:							
Telephone Numbers: Home:				Work:			
Mobile:							
Relationship to Participant:							

I, \_\_\_\_\_ being parent/guardian/carer (delete where applicable) of the above-named child hereby give permission for Table Tennis England to share live video streaming content of the Event and / or Competition that my child is participating in either through TTE's own channels (Facebook / Instagram / Website etc) or through an approved third-party supplier at either an event hosted by TTE or a regulated event.

Parent/Guardian/Carer Name: (please print) (must be person with legal parental responsibility)
Signature of Parent/Guardian/Carer:
Once completed please return this form to: <a href="mailto:Safeguarding@tabletennisengland.co.uk">Safeguarding@tabletennisengland.co.uk</a>