



Table Tennis Extra-Mural Activity Registration Form

Child's Details:

- Name: _____
- Age: _____
- Grade: _____

Parent/Guardian Details:

- Name: _____
- Contact Number: _____
- Email: _____

- Level (tick one): Beginner Intermediate Advanced

Consent:

I, _____, give permission for my child to participate in Table Tennis. I understand the nature of the activity and acknowledge any potential risks.

Signature: _____

Date: _____

Medical Info:

- Medical conditions or special needs: _____
- Allergies: _____
- Emergency contact: _____

Additional Info:

- My child has table tennis experience: Yes/No
- My child has any physical limitations: Yes/No (please specify) _____
- Does your child have their own paddle? Yes/No