

HiTT Malta Table Tennis Academy

Civil Service Sports Club, Archbishop Street, Valletta, MALTA

Email: hittacademymalta@gmail.com Web: www.hittmalta.mt

Mobile: **79591799**

Player Details

Name & Surname:			
Date of Birth:			Attach
Address line 1:		_	recent
Address line 2:			photo
Town / Village:	Post Code:	<u> </u>	·
School attending:			
Telephone number:	Mobile:	<u> </u>	
Email address:		_	
Player Signature	Date:	_	
Medical Data			
•	pre-existing medical conditions that may affects, when the injury occurred and treatment recei		Academy activities. Include
Give details of any allergies, i	including allergies to medication.		
Consent Form (to be fi	illed in by parent / guardian of playe	ers under 18 years of age)	
accident, the necessary treatr personnel will take every prec	of participating in HiTT Academy events. I have ment can be administered, which may include caution to ensure that accidents do not happer consible for loss or damage to personal belong	the use of anaesthetics. I also und n, they cannot be held reponsible for	erstand that while HiTT
Laive permission for my child	to be photographed as a winner or as part of a	a participating group of HiTT playe	rs. If you do not wish your
child to be photographed plea	ase lick triis box []		
- ·		consent to the abo	ve conditions and that
child to be photographed plea Parent/Legal Guardian I (Nan (name of player)	ne) ID: can receive medical trea		
child to be photographed plea	ne) ID: can receive medical trea		

Data Protection

HiTT Academy treats your personal information in accordance with the Data Protection Act 2001 (Cap 440) and General Data Protection Regulation (EU) 2016/679 (GDPR) to protect your privacy. We will not disclose information about you to anyone outside HiTT Academy unless the law permits us to.