



# Saison 2025/2026

## Dossier COMPETITION



Chèr(e)s adhérent(e)s,

Vous trouverez ci-joint toutes les informations pratiques concernant la saison 2025/2026. N'hésitez pas à nous contacter au 06.81.69.52.28 (Sophie) ou 07.89.68.40.39 (Fabien) ou 06.12.64.35.06 (Laurent) ou 07.69.61.39.24 (Yannick) afin que nous puissions répondre à d'éventuelles questions.

Une réunion d'information sera organisée en début d'année pour les jeunes joueurs et leurs parents afin d'expliquer le fonctionnement du club, à l'entraînement et en compétitions, ainsi que pour répondre à toutes vos interrogations. Ci-joint :

- ✓ Les horaires des entraînements hebdomadaires
- ✓ Le calendrier du championnat par équipes + compétitions individuelles
- ✓ Les tarifs des cotisations et un RIB si vous voulez régler par virement
- ✓ Les documents « santé ». Attention nouvelles règles cette année, expliquées en page 3
- ✓ L'autorisation parentale pour les mineurs
- ✓ La fiche de renseignements à redonner dès la rentrée
- ✓ Les infos sur la boutique du club et sur les commandes Wack sport
- ✓ Un feuillet d'information sur l'assurance facultative des licenciés

Le Forum des Associations aura lieu aux Unelles le samedi 6 septembre de 10h00 à 16h00 (nouveaux inscrits, réengagements)

### PLANNING ENTRAINEMENTS

BONNE RENTREE SPORTIVE  
Le Bureau

JOUR	GROUPE	HORAIRES	REPRISE
<b>LUNDI</b>	<ul style="list-style-type: none"><li>▶ Loisir (jeu libre) : 9h45 à 11h45</li><li>▶ Loisir encadré (Fabien) : 10h00 à 11h00</li><li>▶ Groupe CE1/CE2 : 17h15 à 18h15</li><li>▶ Loisir encadré (Fabien) : 18h30 à 19h30</li></ul>		<b>8 sept.</b> <b>8 sept.</b> <b>8 sept.</b> <b>8 sept.</b>
<b>MARDI</b>	<ul style="list-style-type: none"><li>▶ Perfectionnement jeunes : 17h15 à 19h00</li><li>▶ Débutants école primaire : 17h15 à 18h30</li><li>▶ Elite jeunes + adultes : 19h00 à 20h30</li><li>▶ Loisir encadré (Sophie) : 18h30 à 19h30</li><li>▶ Loisir encadré (Sophie) : 19h30 à 20h30</li><li>▶ Jeu libre : 20h30 à 22h00</li></ul>		<b>2 sept.</b> <b>9 sept.</b> <b>2 sept.</b> <b>9 sept.</b> <b>9 sept.</b> <b>9 sept.</b>
<b>MERCREDI</b>	<ul style="list-style-type: none"><li>▶ Ping 5-8 ans : 14h00 à 15h00</li><li>▶ Primaire + collège : 15h00 à 16h30</li><li>▶ Perfect. jeunes + adultes : 16h30 à 18h00</li><li>▶ Sport adapté (1 fois sur 2) : 18h00 à 19h00</li><li>▶ Séance individualisée (1 sur 2) : 18h00 à 19h00</li></ul>		<b>10 sept.</b> <b>10 sept.</b> <b>3 sept.</b> <b>24 sept.</b> <b>17 sept.</b>
<b>JEUDI</b>	<ul style="list-style-type: none"><li>▶ Jeu libre : 19h00 à 21h30</li></ul>		<b>11 sept.</b>
<b>VENDREDI</b>	<ul style="list-style-type: none"><li>▶ Loisirs (jeu libre) : 9h45 à 11h45</li><li>▶ Loisirs encadré (Fabien) : 10h00 à 11h00</li><li>▶ Primaires et collégiens : 17h15 à 18h30</li><li>▶ Compét jeunes + Séniors : 18h30 à 20h15 (20h00 si matchs)</li></ul>		<b>12 sept.</b> <b>12 sept.</b> <b>5 sept.</b> <b>5 sept.</b>
<b>SAMEDI</b>	<ul style="list-style-type: none"><li>▶ Groupe féminin (collège) : 10h00 à 12h00</li></ul>		<b>13 sept.</b>

(Sous réserves de modifications à la rentrée)

# LES COTISATIONS 2025-2026

- Vétéran, sénior, collégien, lycéen, étudiant : 140 €
- Primaire, 1<sup>ère</sup> licence compétition adulte, chômeur 120 €
- Loisir avec une séance dirigée 100 € (2 séances 115€)
- Loisir sans séance dirigée 85 €
- 5/8 ans : 85 €

Merci de régler sans attendre et au plus tard le 31/10 (majoration de 10 € après le 31/10, +10€ supplémentaires après le 31/12). Possibilité de paiement en plusieurs fois mais prévoir impérativement un échéancier avec le trésorier, David Robin.

Sont acceptés les bons Atout Normandie, les chèques vacances, les coupons Sport, les bons Spot 50, le Pass'sport...

Ci-joint un RIB pour régler directement par virement bancaire.

**RIB**

Crédit Mutuel					
RELEVÉ D'IDENTITÉ BANCAIRE					
Identifiant national de compte bancaire - RIB					
Banque 15489	Guichet 04704	N° compte 00036545901	Clé 41	Devise EUR	Domiciliation CCM COUTANCES
Identifiant international de compte bancaire					
IBAN (International Bank Account Number)			BIC (Bank Identifier Code)		
FR76	1548	9047 0400 0365 4590 141	CMCIFR2A		
Domiciliation CCM COUTANCES 15 RUE TOURVILLE BP 229 50202 COUTANCES CEDEX ☎ 0 820 025 793 (Service 0,12 €/min + prix appel)			Titulaire du compte (Account Owner) JEANNE D'ARC COUTANCES TENNIS DE TABLE 24 RUE JEAN FRANCOIS MILLET 50200 COUTANCES		
Remettez ce relevé à tout autre organisme ayant besoin de connaître vos références bancaires pour la domiciliation de vos virements ou de prélèvements à votre compte. Vous éviterez ainsi des erreurs ou des retards d'exécution.					
PARTIE RÉSERVÉE AU DESTINATAIRE DU RELEVÉ					

## BOUTIQUE JA COUTANCES / SPORT AND CO

Commande à passer auprès de Fabien.



**BOUTIQUE CLUB**  
Saison 2024/2025



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| <p><b>TENUES</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>1 32€</p>  <p>Veste Zippee</p> </div> <div style="text-align: center;"> <p>2 36€</p>  <p>Sweat</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p>3 25€</p>  <p>Pantalon Fuseau</p> </div> <div style="text-align: center;"> <p>4 23€</p>  <p>Pantalon Droit</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p>5 23€</p>  <p>T-Shirt Entraînement</p> </div> <div style="text-align: center;"> <p>6 24€</p>  <p>Short Long</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p>7 14€</p>  <p>Short Court</p> </div> </div> | <p><b>ACCESSOIRES</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>17 26€</p>  <p>Sac</p> </div> <div style="text-align: center;"> <p>18 26€</p>  <p>Sac</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p>19 26€</p>  <p>Sac</p> </div> <div style="text-align: center;"> <p>20 26€</p>  <p>Sac</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p>21 4€</p>  <p>Chaussettes</p> </div> <div style="text-align: center;"> <p>22 10€</p>  <p>Serviette</p> </div> </div> | <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> </tr> <tr> <td style="border: 1px solid black; 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| <b>Article</b>  | <input style="width: 90%;" type="text"/>  | <b>Prix</b>  
   
  | <input style="width: 90%;" type="text"/> | <b>Taille</b>                               | <input style="width: 90%;" type="text"/> |  |  |  |  |  |  |            |  |               | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input style="width: 90%;" type="text"/>  | <input style="width: 90%;" type="text"/>  | <input style="width: 90%;" type="text"/>   
   
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| <input style="width: 90%;" type="text"/>  | <input style="width: 90%;" type="text"/>  | <input style="width: 90%;" type="text"/>   
   
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| <input style="width: 90%;" type="text"/>  | <input style="width: 90%;" type="text"/>  | <input style="width: 90%;" type="text"/>   
   
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| <input style="width: 90%;" type="text"/>  | <input style="width: 90%;" type="text"/>  | <input style="width: 90%;" type="text"/>   
   
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## COMMANDE WACK SPORT

**SI VOUS SOUHAITEZ : REVETEMENTS, BOIS, CHAUSSURES, VETEMENTS.....  
ENVOYEZ VOTRE COMMANDE PAR COURRIEL OU DONNEZ-LA A SOPHIE.**

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## CERTIFICAT MEDICAL ET RECOMMANDATIONS

### **Règles 2025-2026 :**

Les nouvelles dispositions du Chapitre III – Article 8 du règlement médical fédéral redéfinissent les conditions de délivrance et de renouvellement du certificat médical en introduisant une différenciation claire entre les licenciés vétérans (40 ans et plus), les licenciés majeurs âgés de moins de 40 ans, et les licenciés mineurs.

#### **Pour les vétérans :**

- Le certificat médical est désormais valable jusqu'à 5 ans, à condition que le licencié ne change pas de catégorie.
- Un nouveau certificat est requis à chaque changement de catégorie vétéran et obligatoirement tous les 5 ans.
- Les licenciés de 90 ans et plus doivent fournir un certificat médical tous les 5 ans.

Pour rappel, une épreuve cardio-vasculaire d'effort est préconisée pour les hommes de plus de 40 ans et les femmes de plus de 50 ans souhaitant débiter ou reprendre la pratique en compétition. Cette recommandation vise à prévenir les accidents cardiovasculaires à l'effort, en lien avec les préconisations de la médecine du sport.

#### **Pour les majeurs de moins de 40 ans :**

- L'obtention ou le renouvellement de la licence repose sur l'attestation du questionnaire de santé.
- Un certificat médical n'est exigé que si une réponse positive est apportée au questionnaire.

#### **Pour les mineurs :**

- Aucun certificat médical systématique n'est exigé.
- L'attestation de santé, remplie par le mineur et ses représentants légaux, reste la règle, sauf en cas de réponse positive au questionnaire, auquel cas un certificat médical est requis.

Pour plus d'informations :

[Évolution du règlement médical de la FFTT : une nouvelle approche différenciée selon l'âge](#)

## CERTIFICAT MÉDICAL POUR LA PRATIQUE DU TENNIS DE TABLE

### Recommandations de la commission médicale :

L'examen médical permettant de délivrer ce certificat :

- engage la responsabilité du médecin signataire de ce certificat (article R.4127-69 du code de la santé publique), seul juge de la nécessité d'éventuels examens complémentaires et seul responsable de l'obligation de moyen,
  - ne doit jamais être pratiqué à l'improviste, sur le terrain ou dans les vestiaires avant une compétition, le certificat médical de complaisance est donc prohibé (article R4127-28 du code de la santé publique)
- Le contenu et la rigueur de l'examen doivent tenir compte de l'âge et du niveau du compétiteur

### Adultes :

Le médecin doit tenir compte que les principales contre-indications à la pratique du tennis de table sont :

- l'insuffisance coronarienne aiguë,
- l'insuffisance coronarienne traitée, instable,
- troubles du rythme non stabilisés
- insuffisance cardiaque évolutive
- cardiomyopathie

Toute autre pathologie grave ou chronique est à apprécier avec le médecin traitant.

Les chirurgies articulaires récentes ou prothèses seront des contre-indications temporaires

Il est préconisé une épreuve cardio-vasculaire d'effort et une surveillance biologique élémentaire chez le sujet :

- porteur d'une cardiopathie ou symptomatique
- asymptomatique ayant deux facteurs de risque cardio-vasculaire,
- souhaitant débiter ou reprendre la pratique en compétition, homme de plus de 40 ans, femme de plus de 50 ans,

### Jeunes :

Il est conseillé pour le médecin de :

- tenir compte des pathologies dites « de croissance » et des pathologies antérieures liées à la pratique du tennis de table,
- consulter le carnet de santé
- constituer un dossier médico-sportif
- une mise à jour des vaccinations,

Jeunes : au-delà de 8h de pratique hebdomadaire ou souhaitant rejoindre un programme de détection Fédéral (modèle constitué par la commission médicale)

Recommande la réalisation :

d'un électrocardiogramme de repos,

d'un examen clinique effectué par un médecin du sport, et portant une attention particulière :

- aux troubles de la statique rachidienne pouvant être aggravées par la pratique du tennis de table,
- aux troubles ou aux douleurs articulaires évoquant une maladie de croissance ; notamment au niveau du dos, des coudes, des genoux ou des talons, préférentiellement atteints chez le pongiste.

### Certificat médical

Je soussigné,

Docteur : \_\_\_\_\_ N° Ordre : \_\_\_\_\_

Certifie avoir examiné M. : \_\_\_\_\_

Et n'avoir constaté à ce jour aucune contre-indication à la pratique du tennis de table en compétition.

Fait à : \_\_\_\_\_ Le : \_\_\_\_\_

Cachet et signature du médecin :



# Questionnaire de Santé pour Majeur

Vous pouvez répondre à cet autoquestionnaire :

- Si vous êtes majeur de moins de 40 ans et n'évoluez pas en catégorie Vétéran ;

- Si vous évoluez en catégorie Vétéran, avez présenté un certificat médical lors de votre accession ou votre dernier changement de catégorie Vétéran et avez été licencié en continu depuis cette date, avec la mention "certificat médical présenté".

L'accession à la catégorie Vétéran, ou tout changement de catégorie Vétéran implique la présentation d'un nouveau certificat médical daté de moins d'un an

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<b>Répondez aux questions suivantes par oui ou par non.</b>		Oui	Non
<b>Durant les 12 derniers mois :</b>			
1	Un membre de votre famille est-il décédé subitement d'une cause cardiaque ou inexplicquée ?	<input type="checkbox"/>	<input type="checkbox"/>
2	Avez-vous ressenti une douleur dans la poitrine, des palpitations, un essoufflement inhabituel ?	<input type="checkbox"/>	<input type="checkbox"/>
3	Avez-vous eu un épisode de respiration sifflante ( asthme ) ?	<input type="checkbox"/>	<input type="checkbox"/>
4	Avez-vous eu une perte de connaissance ?	<input type="checkbox"/>	<input type="checkbox"/>
5	Si vous avez arrêté le sport pendant 30 jours ou plus pour des raisons de santé, avez-vous repris sans l'accord d'un médecin ?	<input type="checkbox"/>	<input type="checkbox"/>
6	Avez-vous débuté un traitement médical de longue durée ( hors contraception et désensibilisation aux allergies ) ?	<input type="checkbox"/>	<input type="checkbox"/>
<b>A ce jour :</b>			
7	Ressentez-vous une douleur, un manque de force ou une raideur suite à un problème osseux, articulaire ou musculaire ( fracture, entorse, luxation, déchirure, tendinite, etc. ), survenue durant les 12 derniers mois ?	<input type="checkbox"/>	<input type="checkbox"/>
8	Votre pratique sportive est-elle interrompue pour des raisons de santé ?	<input type="checkbox"/>	<input type="checkbox"/>
9	Pensez-vous avoir besoin d'un avis médical pour poursuivre votre pratique sportive ?	<input type="checkbox"/>	<input type="checkbox"/>

Les réponses formulées relèvent de la seule responsabilité du licencié.

**Si vous avez répondu NON à toutes les questions :**

Ainsi, il n'est pas constaté, à ce jour, de contre-indication à la pratique du Tennis de Table.

Pas de certificat médical à fournir. Simplement atteste en remplissant le coupon ci-dessous, avoir répondu NON à toutes les questions lors de la demande de renouvellement de la licence.

**Si vous avez répondu OUI à une ou plusieurs questions :**

Certificat médical à fournir. Consultez un médecin et présentez-lui ce questionnaire renseigné.

**Ce questionnaire est confidentiel et ne doit être remis qu'à un médecin si nécessaire.**



N° 25-10-1

## ATTESTATION

( Coupon à découper et à joindre avec la demande de licence )

Je soussigné :

NOM : \_\_\_\_\_

PRENOM : \_\_\_\_\_

N° de licence : \_\_\_\_\_

déclare avoir pris connaissance des différents cas de figure me permettant d'utiliser un autoquestionnaire, avoir précédemment fourni un certificat médical si j'ai plus de 40 ans ou suis en catégorie Vétéran et atteste avoir répondu NON à toutes les questions du questionnaire de santé.

Je sais qu'à travers cette attestation, et comme cela est précisé dans la circulaire administrative de la FFFT, j'engage ma propre responsabilité et qu'en aucun cas celle de la FFFT ne pourra être recherchée.

Certificat médical précédent :

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Nom du médecin : \_\_\_\_\_

Date et signature du titulaire ou du représentant légal

## Questionnaire de Santé pour Mineur

Vous pouvez répondre à cet autoquestionnaire si êtes mineur au moment de la prise de la licence

Avertissement à destination des parents ou de la personne ayant l'autorité parentale : Il est préférable que ce questionnaire soit complété par votre enfant, c'est à vous d'estimer à quel âge il est capable de le faire. Il est de votre responsabilité de vous assurer que le questionnaire est correctement complété et de suivre les instructions en fonction des réponses données.

Faire du sport : c'est recommandé pour tous. En as-tu parlé avec un médecin ? T'a-t-il examiné(e) pour te conseiller ? Ce questionnaire n'est pas un contrôle. Tu réponds par OUI ou par NON, mais il n'y a pas de bonnes ou de mauvaises réponses. Tu peux regarder ton carnet de santé et demander à tes parents de t'aider.

Tu es une fille      un garçon

Ton âge:  ans

Répondez aux questions suivantes par oui ou par non.		Oui	Non
<b>Durant les 12 derniers mois :</b>			
1	Es-tu allé(e) à l'hôpital pendant toute une journée ou plusieurs jours ?	<input type="checkbox"/>	<input type="checkbox"/>
2	As-tu été opéré(e) ?	<input type="checkbox"/>	<input type="checkbox"/>
3	As-tu beaucoup plus grandi que les autres années ?	<input type="checkbox"/>	<input type="checkbox"/>
4	As-tu beaucoup maigri ou grossi ?	<input type="checkbox"/>	<input type="checkbox"/>
5	As-tu eu la tête qui tourne pendant un effort ?	<input type="checkbox"/>	<input type="checkbox"/>
6	As-tu perdu connaissance ou es-tu tombé sans te souvenir de ce qui s'était passé ?	<input type="checkbox"/>	<input type="checkbox"/>
7	As-tu reçu un ou plusieurs chocs violents qui t'ont obligé à interrompre un moment une séance de sport ?	<input type="checkbox"/>	<input type="checkbox"/>
8	As-tu eu beaucoup de mal à respirer pendant un effort par rapport à d'habitude ?	<input type="checkbox"/>	<input type="checkbox"/>
9	As-tu eu beaucoup de mal à respirer après un effort ?	<input type="checkbox"/>	<input type="checkbox"/>
10	As-tu eu mal dans la poitrine ou des palpitations (le cœur qui bat très vite) ?	<input type="checkbox"/>	<input type="checkbox"/>
11	As-tu commencé à prendre un nouveau médicament tous les jours et pour longtemps ?	<input type="checkbox"/>	<input type="checkbox"/>
12	As-tu arrêté le sport à cause d'un problème de santé pendant un mois ou plus ?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Depuis un certain temps : (plus de 2 semaines)</b>			
13	Te sens-tu très fatigué(e) ?	<input type="checkbox"/>	<input type="checkbox"/>
14	As-tu du mal à t'endormir ou te réveilles-tu souvent dans la nuit ?	<input type="checkbox"/>	<input type="checkbox"/>
15	Sens-tu que tu as moins faim ? que tu manges moins ?	<input type="checkbox"/>	<input type="checkbox"/>
16	Te sens-tu triste ou inquiet ?	<input type="checkbox"/>	<input type="checkbox"/>
17	Pleures-tu plus souvent ?	<input type="checkbox"/>	<input type="checkbox"/>
18	Ressens-tu une douleur ou un manque de force à cause d'une blessure que tu t'es faite cette année ?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aujourd'hui :</b>			
19	Penses-tu quelquefois à arrêter de faire du sport ou à changer de sport ?	<input type="checkbox"/>	<input type="checkbox"/>
20	Penses-tu avoir besoin de voir ton médecin pour continuer le sport ?	<input type="checkbox"/>	<input type="checkbox"/>
21	Souhaites-tu signaler quelque chose de plus concernant ta santé ?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Questions à faire remplir par tes parents :</b>			
22	Quelqu'un dans votre famille proche a-t-il eu une maladie grave du cœur ou du cerveau, ou est-il décédé subitement avant l'âge de 50 ans ?	<input type="checkbox"/>	<input type="checkbox"/>
23	Etes-vous inquiet pour son poids ? Trouvez-vous qu'il se nourrit trop ou pas assez ?	<input type="checkbox"/>	<input type="checkbox"/>
24	Avez-vous manqué l'examen de santé prévu à l'âge de votre enfant chez le médecin ? <small>(Cet examen médical est prévu à l'âge de 2 ans, 3 ans, 4 ans, 5 ans, entre 8 et 9 ans, entre 11 et 13 ans et entre 15 et 16 ans.)</small>	<input type="checkbox"/>	<input type="checkbox"/>

Les réponses formulées relèvent de la seule responsabilité du licencié et de son représentant légal.

**Si vous avez répondu NON à toutes les questions :**

Ainsi, il n'est pas constaté, à ce jour, de contre-indication à la pratique du Tennis de Table.

Pas de certificat médical à fournir. Simplement atteste en remplissant le coupon ci-dessous, avoir répondu NON à toutes les questions lors de la demande de licence.

**Si vous avez répondu OUI à une ou plusieurs questions :**

Certificat médical à fournir. Consultez un médecin et présentez-lui ce questionnaire renseigné.

**Ce questionnaire est confidentiel et ne doit être remis qu'à un médecin si nécessaire.**

### ATTESTATION

( Coupon à découper et à joindre avec la demande de licence )

Je soussigné :

NOM : \_\_\_\_\_

PRENOM : \_\_\_\_\_

N° de licence : \_\_\_\_\_

déclare avoir répondu NON à toutes les questions du questionnaire de santé.

Je sais qu'à travers cette attestation, et comme cela est précisé dans la circulaire administrative de la FFTT, j'engage ma propre responsabilité et qu'en aucun cas celle de la FFTT ne pourra être recherchée.

Date et signature du joueur mineur

Date et signature du représentant légal obligatoire

# ASSURANCE INDIVIDUELLE OPTIONNELLE



## BULLETIN D'ADHESION AUX OPTIONS COMPLEMENTAIRES INDIVIDUELLE ACCIDENT 2025-2026

ASSUREUR : MAIF - 16/18 BOULEVARD DE LA MOTHE - 54000 NANCY

N° DE CONTRAT : 4314146H

ECHEANCE CONTRACTUELLE : 01/07/2025

(souscription valable pour une saison complète, soit du 01/07 au 30/06, sans réduction au prorata)

**Vous bénéficiez, du fait de votre adhésion à la FFTT, d'une garantie de base « décès / invalidité ». Vous pouvez augmenter vos capitaux selon les modalités suivantes.**

Garanties	Bronze	Argent	Or
Décès	10 000 € / sinistre	20 000 € / sinistre	30 000 € / sinistres
Invalidité Permanente	20 000 € / sinistre	40 000 € / sinistre	50 000 € / sinistre
Remboursement des pertes justifiées de revenus	-	15 € / jour	25 € / jour
Cotisation complémentaire TTC / licencié	5,00 €	8,00 €	15,00 €

N° D'AFFILIATION : \_\_\_\_\_

NOM DU CLUB : \_\_\_\_\_

ADRESSE POSTALE DU CLUB : \_\_\_\_\_

NOM - PRENOM	ADRESSE COMPLETE (adresse, code postal et ville)	DATE DE NAISSANCE	OPTION CHOISIE	COTISATION
MONTANT TOTAL DU REGLEMENT				

Merci d'adresser ce formulaire accompagné du chèque de votre règlement (à l'ordre de MAIF) à l'adresse suivante : MAIF ACE - 16/18 boulevard de la Mothe - 54000 NANCY

Date et Signature du  
représentant du club

Avis de déclaration de sinistre : [a1-avis-de-declaration-de-sinistre-07-2025-4414.pdf](#)

Résumé des garanties : [FFTT\\_ASS-ACC-CORPO\\_06-2025.pdf](#)

Garanties accordées par l'assurance FFTT MAIF : [FFTT-IA\\_A3\\_06-2025.pdf](#)

Notice individuelle « dommages corporels » : [Notice individuelle FFTT\\_06-2025.pdf](#)

Nom-Prénom :

## CALENDRIER DES COMPETITIONS

Afin de pouvoir faciliter les compositions des équipes, nous vous proposons de nous communiquer dès que possible vos absences prévisibles. Merci d'avance

<b>Championnat par équipes 2025/2026</b>	Présent	Absent	Ne sait pas
<b>1<sup>ère</sup> phase :</b>			
Tour n°1 : 13/09 en national, 19-21/09 en départ. et régional			
Tour n°2 : 27-28 sept. en national et régional, 03/10 en départ.			
Tour n°3 : 10-12 octobre			
Tour n°4 : 14-16 novembre			
Tour n°5 : 28-30 novembre			
Tour n°6 : 12-14 décembre			
Tour n°7 : 09-11 janvier			
<b>Barrage de montée en R4 : 16 et 23 janvier</b>			
<b>2<sup>ème</sup> phase :</b>			
Tour n°1 : 06-08 février			
Tour n°2 : 06-08 mars			
Tour n°3 : 20-22 mars			
Tour n°4 : 10-12 avril			
Tour n°5 : 08-10 mai			
Tour n°6 : 29-31 mai			
Tour n°7 : 05-07 juin			
<b>Journées des Titres : 19 au 21 juin</b>			

### Critérium fédéral

- 1<sup>er</sup> tour : 18 et 19 octobre 2025
- 2<sup>ème</sup> tour : 22 et 23 novembre 2025
- 3<sup>ème</sup> tour : 24 et 25 janvier 2026
- 4<sup>ème</sup> tour : 14 et 15 mars 2026

### Circuit des jeunes:

- Tour 1 : 9 novembre 2025
- Tour 2 : 21 décembre 2025
- Tour 3 : 15 février 2026
- Tour 4 : 12 avril 2026
- Tour 5 : 7 juin 2026

### Autres

- Top Normandie : 7 septembre 2025
- Championnat jeunes : 6 décembre, 28 mars, 13 juin
- Tournoi féminin régional : 7 décembre 2025
- Finale régionale vétérans : 17 janvier 2026
- Championnat de la Manche individuel : 31 janvier 2026
- Tournoi régional détection : 18 janvier 2026
- Tournoi vétérans départemental : 28 février 2026
- Championnat de Normandie : 1 mars 2026
- Tournoi féminin départemental : 4 avril 2026
- Championnat de France vétérans : 4 au 6 avril 2026
- Finale départementales par classements : 29 mars 2026
- Finale régionales par classement : 25 et 26 avril 2026
- Finale nationales par classements : 27 et 28 juin 2026





# AUTORISATION PARENTALE

Saison 2025/2026

**JACTT**

Salle Hubert Savary  
24, rue Jean-François Millet  
50200 COUTANCES  
Tel 09.50.29.97.70  
E-mail : jactt@free.fr

Nom et Prénom du joueur : \_\_\_\_\_

Numéros de téléphone : Domicile : \_\_\_\_\_

Travail : \_\_\_\_\_

Portable : \_\_\_\_\_

Je soussigné \_\_\_\_\_ représentant légal de l'enfant

\_\_\_\_\_

**Autorise**  **N'autorise pas** mon fils/ma fille à participer aux différentes activités de la JA Coutances Tennis de Table durant l'année sportive.

Je m'engage à venir déposer et rechercher mon enfant dans les locaux du Club lors des séances d'entraînement après avoir vérifié la présence d'un responsable ou entraîneur.

**Autorise**  **N'autorise pas** les déplacements en voiture pour participer aux diverses compétitions de tennis de table.

**Autorise**  **N'autorise pas** le (ou les) responsables présent(s) à prendre, en situation d'urgence et en cas d'impossibilité à joindre le représentant légal, les dispositions qu'ils jugeront nécessaires pour la bonne santé de mon enfant.

## Allergies et autres problèmes de

santé : .....  
.....  
.....  
.....

A \_\_\_\_\_, le \_\_\_\_\_ 2025

Signature du tuteur légal :

<u>Réservé au club</u>	<u>Catégorie /Groupe</u>		<u>Règlement Cotisation</u>		<u>Certificat Médical</u>	
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## FICHE D'INSCRIPTION

Saison 2025/2026

**JACTT**

Salle Hubert Savary  
24, rue Jean-François Millet  
50200 COUTANCES  
Tel : 09.50.29.97.70  
E-mail : jactt@free.fr

NOM (+ nom de naissance éventuellement) :

Prénom :

Date et lieu de naissance :

Classe (pour les scolaires) :

Adresse postale : (pour les parents séparés merci d'indiquer si nécessaire adresse, téléphone et mail des 2 parents.)


Téléphone : Domicile :

Travail :

Portable :

Adresse Mail : (préciser si perso, parents, père, mère, etc...)


Personne à prévenir en cas d'incident (pour les adultes) (Nom/Prénom/Téléphone) :

Droit à l'image :

Je soussigné M. Mme \_\_\_\_\_ autorise la JA Coutances à utiliser les photos de moi-même et/ou de mon enfant (rayer la mention inutile), pour être affichées dans les locaux de l'Association ou sur le site Internet du club.

A Coutances le \_\_\_/\_\_\_/2025

Signature :

(Pour les nouveaux licenciés) - J'ai eu connaissance de la JA Coutances par :

- le bouche à oreille
- la pratique scolaire
- les articles dans la presse
- le site internet et/ou réseaux sociaux du club
- une manifestation organisée par le club
- autre, précisez :

