



Team Kennet

ATHLETICS & TRIATHLON CLUB

Tel 0794 008 5454 | secretary@teamkennet.com | www.teamkennet.com

PO Box 14 | Newbury | RG14 7ZE

MEDICAL FORM

To be completed with the Membership Application Form

Full Name: DOB:

Address:

Postcode:

Mobile: Email:

Emergency Contact: Emergency Contact Tel:

(e.g. Parent, Grandparent or other family member etc.)

Relevant Medical Details:

(e.g. allergies, medical conditions, medication being taken etc.)

I hereby give consent to medical treatment being carried out, as required, during training or competition:

Signed: Date: Signature of Parent/Guardian:

Admin use only	Date	Payment	Date	Payment	Date	Payment	
Week 1:	<input type="text"/>	<input type="text"/>	Week 2 :	<input type="text"/>	<input type="text"/>	Week 3: <input type="text"/>	<input type="text"/>