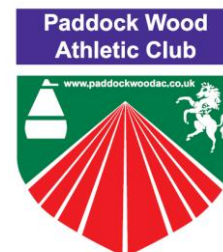


Paddock Wood Athletic Club

Registered Charity No:1139343



One Month's free trial registration

Contact Information (please complete in block capitals)

Name			
Address 1			
Address 2			
Address 3			
Post Code		DOB:	
Contact Phone	Home:	Mobile	
Contact Name	Parent/Guardian (delete as appropriate)		
Email address			

Medical Information

Please list any medical conditions (including allergies): *The club is responsible for all members during an athletic event or training sessions, therefore please complete the following information*

Please list any medication taken:

Please list any disability: **These details are held in strict confidence and may help us when planning any training sessions*

Signature of Parent/Guardian:

I hereby give my consent for medication and/or anaesthetic to be given to me/my child by recognised medical personnel and for first aid treatment to be given should the need arise.

We hope you enjoy your month's free trial. If you have any questions or complaints during this time please don't hesitate to speak to one of the Welfare Officers or any of the Coaches. We will be happy to assist you.

Mike Duffin
Development Officer
Paddock Wood AC
07803 148925

Start Date of Free Trial: _____