



Team Kennet

ATHLETICS & TRIATHLON CLUB

JoiningTK@outlook.com | PO Box 14 | Newbury | RG14 7ZE
www.teamkennet.com

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"/>