

KID'S ATHLETICS CLUB

Please complete the form in **BLOCK** letters.

Student Name: Common Name:
Index: Class: Age: Gender: DoB:/...../.....
Address:

Parent/ Guardian's name:
Address:
(If different from above)
Contact detail:
(Please underline the number to be contacted incase of an emergency)
Home: Work: Mobile:
Email: Others:
Alternate contact: Name: Tel/Mobile:

1. Why did the child choose Athletics?.....
2. Has the child participated in any event/s previously? Yes No
3. If yes: a. Running f. Throws
b. Jumps g. Other
4. Does the child have any medical condition or allergies that we should be aware of?
.....
Does he/she take any medication?.....

Date: Signature:
(Parent/Guardian)

Official Use Received by: _____ Date: _____ Time: _____
Registration number: _____

❖ For queries please contact **778 5504**