

**Application For**

(to 31st March 2012)

UKA \_\_\_\_\_

**Vale of Aylesbury Athletic Club Kestrel Squads**

Name of Applicant \_\_\_\_\_

**Please sign and date below.**

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

DOB \_\_\_\_\_ Male / Female \_\_\_\_\_

Place of Birth \_\_\_\_\_

E-Mail (please write clearly) \_\_\_\_\_

Occupation/Name of School \_\_\_\_\_

Are you a member of any other club? \_\_\_\_\_

Kestrels Athletics 365 Groups

A 365 athletics handbook will be issued on receipt of subscription

		Tick box
365 Kestrel Group	Tuesday with Jason	<input type="checkbox"/> £75

365 Kestrel Group	Thursday with Sharon	<input type="checkbox"/> £75
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Kestrel Group	Thursday with Helen	<input type="checkbox"/> £55
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Payment due 1st April 2011 and cheques should be made payable to **Vale of Aylesbury AC**

BACSPayment Sort Code 30-90-38

Account Number 00397043

Please ste your name with the transfer thankyou.

**Medical Information**

**Please detail below any changes** in medical information that our coaches/team managers should be aware of. Eg. epilepsy,asthma,diabetes,etc.

\_\_\_\_\_ If asthmatic do you use a Beta 2 agonist inhaler ? Yes/No

Do you have any allergies /Are you allergic to any medication?

Details \_\_\_\_\_

Have you received a tetanus injection in the last 5 years ?Yes/No

**Emergency Contact Details**

Contact name and number 1 \_\_\_\_\_

Contact name and number 2 \_\_\_\_\_

I do/do not consent to VoAAC photographing/videoing

\_\_\_\_\_ (name of child )

Name of parent/guardian \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**PARENTAL CONSENT TO BE COMPLETED FOR MEMBERS OF KESTREL SQUADS**

By returning this completed form,I agree to the child in my care taking part in the activites of the club.

Name of Parent/ Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Return this form

to Pat Card, Willowbank, Edgcott, Bucks. HP18 0TN.