

ABTKD membership form

Please complete all sections and use clear print in block capitals

Student name:

Address:

Date of birth:

Height in cm's:

Email address (of parent/guardian if student is under 18):

Telephone number:

In Case of Emergency

Contact 1

Name:

Tel:

Contact 2

Name:

Tel:

Do you have any disabilities, health problems or long term injuries?

If so, please give details:

Parent/guardian if under 18 years

Sign:

Print:

Date: