

Partnership Agreement Document (PAD)  
Between Players and the Shropshire Junior County  
Badminton Club.

**APPENDIX TWO    About the Player**

This MUST be printed, completed and sent to the SJCBC Secretary as soon as many details change so that our records can be amended

DETAIL	Please complete
NAME:	
ADDRESS:	
Post Code:	
Player MOBILE NUMBER :	
Player Landline Number:	
Email Address:	
Date of Birth:	
School:	

**APPENDIX THREE    Emergency Contacts**

DETAIL	Please Complete
Name:	
Contact #1:	
Contact #2:	
Comments:	

Players must supply at least one contact with a mobile number, this number MUST be contactable during the times of the sessions.

Partnership Agreement Document (PAD)  
Between Players and the Shropshire Junior County  
Badminton Club.

**APPENDIX FOUR    Medical Details ( PRIVATE and CONFIDENTIAL)**

Detail:	Please Complete
Name:	
Doctors Name:	
Doctors Surgery Details:	
Known Allergic Reactions:	
Any Known Medical conditions:	

Please see the Partnership Document for more detail on declaration of medical conditions.