



**WPAC**  
**WOLF PACK AIRSOFT CLUB**

Medical Enrolment Application Form

**(Medical Report)**

I hereby certify Based on my knowledge and assessment, I confirm that the applicant possesses a strong moral character, is mentally and physically capable, and will not encounter any hindrances in engaging in the activity of Airsoft Sport, as per my professional judgment.

Date:

Doctor Stamp & Signature:

---

WPAC  
Wolf Pack Airsoft Club  
[wolfpackairsoftclub@gmail.com](mailto:wolfpackairsoftclub@gmail.com)