

CLUB MEMBERSHIP FORM

PERSONAL DETAILS

Name:

Address:

Postcode:

Home:

Mobile:

Email:

DOB: Gender: Male Female

School:

Judo Class/Time:

MEDICAL INFORMATION

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, etc).

.....

.....

EMERGENCY CONTACT DETAILS

Please indicate below the person(s) who should be contacted in case of an emergency

Contact name #1

Relationship:

Emergency No:

Contact name #2

Relationship:

Emergency No:

TO BE COMPLETED BY PARENT/GUARDIAN OF JUNIOR MEMBERS

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club and give consent for photographs of my child to taken solely for the publicity of Pro:Judo. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/guardian:.....

Signature of parent/guardian:

Date: