

St. Albans Judo Club

|  |  |
| --- | --- |
| Joining Date |  |
| Date of Birth |  |

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |

F

M

Gender





|  |  |
| --- | --- |
| Address |  |
| Town |  |
| County |  |
| Postcode |  |

|  |  |
| --- | --- |
| Home Phone Number | \* |
| Mobile Number | \* |
| E-Mail | \* |

\*In the case of a junior member (under 16) information should be for the parent or guardian

Current License and Grade information (if applicable)

|  |  |
| --- | --- |
| Authority |  |
| License Number |  |
| License Expiration Date |  |
| Current Grade |  |
| Date Graded |  |

Emergency Contact Information

Emergency Contact 1 Emergency Contact 2

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Relationship |  |  |
| Home Phone |  |  |
| Mobile Phone |  |  |

Medical Information

Please fill in this form with all the relevant details. Failure to do so could lead to complications during instruction or hinder any assistance that may be otherwise required. This information will be maintained on secure systems operated by SAJC (& if obtaining a BJC license the BJC) for the benefit of our membership. All club coaches and volunteers are first aiders, as are Batchwood employees.

Any known medical conditions requiring medical treatment and/or Medication (E.g. epilepsy, asthma, diabetes)? Yes No

(If Yes, Please give details)

Any known allergies? Yes No

(If Yes, Please give details)

Any known disabilities?

(Mobility restrictions, learning difficulties) Yes No

(If Yes, Please give details)

By returning this completed form, I agree to myself or my son/daughter/child in my care taking part in the activities of the club.

I understand that in the event of injury or illness all reasonable steps will be taken to contact me or an emergency contact and to deal with that injury/illness appropriately.

Name (if U 16 parent/carer name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (if U16 parent/carer sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Protection

*Primaries (under 10 years of age)*

Children must not be left unattended in the dojo, or going to or from the dojo at anytime.\*\*

*Juniors (ages 10 -15)*

Children can be left at the dojo on their own, but must be collected and dropped off to the dojo by a parent/guardian. \*\*

\*\* For a full copy of the Child Protection Policy please see the notice board in the dojo, visit the club website, or ask at the judo reception desk.

It is a requirement of club membership that all judoka or parents/guardians of children are aware of the following:

1. Judo is a close physical contact sport.
2. The club uses email to contact our members about upcoming events and annual voting. Please tick here if you are happy to receive emails from the club.

From time to time St. Albans Judo Club takes photos. I agree to myself or my child being used in the photos on:

Social Media

Club Website

Posted at the Club

Advertising

I understand that if my membership lapses the club will delete all of my personal information after 6 months or earlier, if requested.

Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_







