



FRIARY JUDO CLUB

The Scout Hut, The Leasowe, Lichfield, WS13 7HH



Membership Form

We are pleased to welcome you to the Friary Judo Club. To ensure that we have the correct contact details for you, please insert the information requested below and return this form to Mark Smith. If you are under 16 please also ask your parents or guardian to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

Name:	
Address:	
Postcode:	
Home Telephone Number:	
Mobile number:	
Email Address:	
Date of Birth:	
Gender:	
Ethnic group:	White..... <input type="checkbox"/> Mixed <input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Black or Black British <input type="checkbox"/> Chinese or other ethnic group <input type="checkbox"/> Prefer not to say..... <input type="checkbox"/>
Do you consider yourself to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is the nature of your disability?	
Medical information - Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, etc).	

Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

Contact name #1 (parent/guardian):

Emergency contact number:

Contact name #2 (parent/guardian/other):

Emergency contact number:



FRIARY JUDO CLUB

The Scout Hut, The Leasowe, Lichfield, WS13 7HH



TO BE COMPLETED BY ALL MEMBERS

By returning this completed form, I agree to abide by the rules and regulations of the Club. I also declare that I will be respectful of other members at all times and will participate in the true spirit of Judo.

Signature: Date:

Data Usage

I agree to the Friary Judo Club contacting me via post/messaging or email to notify me of any information concerning the club or Judo events. I understand that the information that is held by the Friary Judo Club and is shared with the British Judo Association and Sport England will not be shared with any other third parties and used specifically for processing regarding the club's activities. We hold your data for the duration of your membership with the club and for lapsed membership for up to two years, unless you have requested for it to be deleted. Where we have invoiced for items or collected payments, the Club will retain your payment information for 7 years, this includes training session fees at registration, purchasing of kit or payment for competition entries.

Signature: Date:

Parent Signature for Juniors: Date:

TO BE COMPLETED BY PARENT/GUARDIAN OF JUNIOR MEMBERS

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

Additional consent:

Images and publicity

Do you give permission for you to be in any promotional photographs or video footage? This may be as a result of Club festivals / tournaments and to be used for the Friary Judo Club website, facebook page or local media coverage.

Yes No

Emergency First Aid

Please sign here to give permission for emergency first aid to be carried out on you in the event of an emergency and for a responsible adult to accompany you to hospital when your specified emergency contacts are not attainable.

Signature:

Date:

Thank you for your co-operation in completing this form.