



## CLUB MEMBERSHIP FORM

We are very pleased to welcome you to Felixstowe Judo Club. To ensure that we have the correct contact details for you, please insert the information requested below and return this form. **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			
Telephone			
Email			
Date of Birth		Gender	

**Do you consider yourself to have a disability?**

Yes

No

If yes, what is the nature of your disability?

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### Medical information

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

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### Sporting information

Have you done Judo before?

Yes  No

If yes, please give details:

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### 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 (parent/guardian):	Emergency contact number

### 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	

### 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. 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 <small>of parent/guardian</small>	
Signature <small>of parent/guardian</small>	
Date	

### Official Use

Mailing List Updated	Register Updated	Membership Start/First Lesson Date
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