

INDUCTION FORM

(OVER 16)



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. We will also use this information to ensure that you are kept informed about club events.

Name			
Address			
Postcode			
Date of Birth		Gender	
Telephone			
Email			

EMERGENCY CONTACT DETAILS

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

	Emergency contact 1	Emergency contact 2
Name		
Relationship		
Telephone		

Official Use

Mailing List	Accounts Software	Register	First Lesson Date
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Do you consider yourself to have a disability?

Yes No

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).

Have you done Judo before?

Yes No

If yes, please give details:

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.

Consent for photos being taken by the club for publicity purposes. Yes No

Signature	
Date	