

INDUCTION FORM

(UNDER 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. **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.

Student Name			
Address			
Postcode			
Date of Birth		Gender	

EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the persons who should be contacted in case of an incident/accident.

	Emergency contact 1				Emergency contact 2			
Name								
Relationship								
Telephone								
Email								
Mailing list	Yes		No		Yes		No	
Billing	Yes		No		Yes		No	

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:

TO BE COMPLETED BY ALL JUDOKA

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 JUDOKA

I agree to my 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.

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

Name of parent/guardian	
Signature of parent/guardian	
Date	