



Templates

CLUB MEMBERSHIP FORM

NAME OF CLUB

We are very pleased to welcome you to *NAME OF CLUB*.

To ensure that we have the correct contact details for you, please insert the information requested below and return this form to *NAME OF APPOINTED PERSON*. 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.

PERSONAL DETAILS

Name:

Address:

..... Postcode:

Home telephone number:

Mobile: email:

Date of birth: Gender: Male Female

In order to help the club monitor its membership can you please tick one of the following boxes to identify your ethnic group:

White.....

Mixed

Asian or Asian British.....

Black or Black British

Chinese or other ethnic group.....

Do you consider yourself to have a disability?Yes No

If yes, what is the nature of your disability?

.....

SPORTING INFORMATION

Have you done Judo before? Yes No

If yes, please indicate where you did so below: -

Primary school

Secondary school

Local authority coaching session (s).....

Club

County

Other (please specify):

.....

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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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:

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 of parent/guardian:

.....

Signature of parent/guardian:

Date: