



Booking form

**British Judo Youth Development Days @
NEWBURN ACTIVITY CENTRE, NEWBURN, NEWCASTLE UPON TYNE, NE15 8ND
Tuesday 16th February 2009 10:00 – 16:00**

<i>Name of Child:</i>	<i>Age:</i>	<i>D.O.B</i>	<i>Gender:</i>
Address:			
			Postcode:
Tel: (home)		Tel:(Emergency)	
Email:			
Club:			

Medical information & consent form

Medical Conditions including details of disability/allergies:

Details of current medical treatment including medication:

Doctor's name:

Address:

Tel:

PLEASE READ CAREFULLY

Medical consent My child is in good health and I consider him/her capable of taking part in the activities. I have completed the medical details and consent that in the event of any illness/accident that any necessary treatment can be administered to my child. In all cases, the event organisers / BJA staff will always make every reasonable effort to contact parents in an emergency.

Please tick to consent

Video/Photography Consent I give consent for my child/children's photography/video recording to be taken and used by British Judo for public documents and publications including our website.

Please tick if photographs are NOT permitted.

Please bring with you, Judogi, indoor activity clothing, trainers and a pack lunch.

Parent/Guardian Name:	Relationship:
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Signature of Parent/Guardian:	Date:
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I have enclosed a cheque for £10.00 payable to the **British Judo Association**. Please send this form and payment to: Chloe Cowen.

4 Moor View
Barmoor
Ryton
Tyne and Wear
NE40 3TP

For further information please contact Chloé: 07967778114 or email chloe.cowen@britishjudo.org.uk