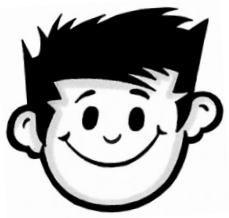
• JUNIOR JUDO •



THE BRITISH JUDO ASSOCIATION
SUITE B, LOUGHBOROUGH TECHNOLOGY CENTRE
EPINAL WAY, LOUGHBOROUGH LE11 3GE
TEL: 01509 631670 FAX: 01509 631680
e-mail: bja@britishjudo.org.uk
www.britishjudo.org.uk

KANO CLUB

MEMBERSHIP APPLICATION FORM

THE BRITISH JUDO ASSOCIATION'S KANO CLUB MEMBERSHIP IS AVAILABLE TO YOUNG JUDO PLAYERS OVER THE AGE OF 5 YEARS AND UNDER THE AGE OF 8 YEARS.

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS.

PLAYERS SECTION:

LAST NAME _____ FIRST NAME _____

ADDRESS _____

_____

POST CODE _____ TELEPHONE _____

DATE of BIRTH _____ CLUB NAME _____
Day/Month/Year

TYPE of MEMBERSHIP

Please tick appropriate box

NEW ☐ RENEWAL ☐ MEMBERSHIP NUMBER _____ (If applying for renewal)

COST £15.00 per annum.

PAYMENT: Credit Card, Switch, postal order or cheque.

CREDIT CARD NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ CARD EXPIRY DATE _____

SWITCH NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ISSUE NUMBER (Switch users only) _____

CHEQUES AND POSTAL ORDERS MADE PAYABLE TO:BRITISH JUDO ASSOCIATION.

Please return this completed form & membership fee to:
The British Judo Association, Suite B, Loughborough Technology Centre
Epinal Way, Loughborough LE11 3GE

I certify that to the best of my knowledge and belief, the foregoing details are correct. I understand that membership will only be granted if I agree to abide by the articles of Association and bye-laws of the British Judo Association together with any amendments that maybe made during my period of membership.

I understand that the information given will be stored on computer and will be used by the British Judo Association for mailing information relating to judo.

PRINT NAME _____ SIGNATURE _____ DATE _____
(Parent or Guardians consent).

COACHES SECTION

This section must be completed by the club coach.

LAST NAME _____ FIRST NAME _____

ADDRESS _____ POST CODE _____

TELEPHONE _____ DATE OF BIRTH _____ GRADE _____ BJA MEMBERSHIP No _____

I UNDERSTAND THAT I AM RESPONSIBLE FOR THE ADMINISTRATION OF THE KANO CLUB PACK FOR THE PLAYER WHOSE NAME APPEARS ON THIS MEMBERSHIP APPLICATION FORM. I AGREE TO ADMINISTER THE SCHEME IN ACCORDANCE WITH THE BRITISH JUDO ASSOCIATION'S COACHES GUIDE TO THE KANO CLUB.

COACHES SIGNATURE _____ DATE _____