**IN LOCO PARENTIS FORM**

**(To be completed if under 18yrs of age)**

**Name of Judo Player:** **Date of Birth:**

**Details of Parent/Guardian to Contact in Case of Emergency:**

**Name: Relationship:**

**Address:**

**Postcode:**

**Phone (h):** **Phone (w):**

**Phone (m): E-mail:**

**Details of another person to contact if parents/guardians are unobtainable:**

**Name: Relationship:**

**Address:**

**Postcode:**

**Phone (h):** **Phone (w):**

**Phone (m): E-mail:**

I hereby authorise representatives of the GB Judo Programme to act on my behalf, with regards to my/our child, in the event of an emergency and to sign on my/our behalf any consent form as required by medical or legal agencies in my/our absence. I also consent to my/our child submitting to doping control procedures as required.

**Signature of parent(s)/guardian(s):**

**Name: Date:**

**Name: Date:**