



IN LOCO PARENTIS FORM

(To be completed if under 18yrs of age)

Name of Judo Fighter: _____ 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: _____

BRITISH JUDO ASSOCIATION CENTRE OF EXCELLENCE

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