

# LUTON



## SCHOOL OF JUDO



Joining Date	
Date of Birth	

First Name	
Last Name	

Address	
Town	
County	
Postcode	

Home Phone Number	*
Mobile Number	*
E-mail	*

\*in the case of junior members (under 16) information provided should be for parent/carer in line with the clubs child protection policy

### Emergency Contact Information

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship		
Home Phone		
Mobile		

### Please read the following carefully:

It is a requirement of club membership that parents/legal guardians of children and also adults are aware of:

1. The close physical contact that a martial art like judo imposes on those participating.
2. That on occasion's photographs will be taken of the participants, both children and adults, by parents, club members and by invitation i.e. local reporters during the club environment, area and national events and, on social occasions such as the annual club camp.
3. And, that on occasion's photographs may be used on our web site to aid the promotion of the club.

Please assist us, and ultimately, the new participant, by filling in this form with all relevant details. Failure to do so could lead to complications during instruction or, hinder any assistance that may be required otherwise. Rest assured, information entered on this form is not a subject for general club information and is therefore treated in the strictest confidence. Certain club officials are first-aiders, as are centre assistants.

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### Child Protection

#### Primaries (under 10 years of age)

It is club policy not to allow primaries out of our care at the end of a session. The parent/guardian must come into the hall to collect their child from the mat area.

*We will not release the child into the care of anyone else without prior notification from the parent/guardian or, confirmation.*

#### Juniors (10 to 16 years)

Parent or legal guardian:

Please enter your signature below if you wish your child to leave the premises i.e. to make their own way home.

Name of parent/carer: .....

Signature of parent/carer: .....

Date: .....

#### Medical Information

Does your child have any known medical conditions requiring medical treatment and/or Medication (E.g. epilepsy, asthma, diabetes)

Yes  No

(if yes give details)

«Notes»

Does your child have any known allergies?

Yes  No

(if yes give details)

Does your child have any known disabilities?

(Mobility restrictions, learning difficulties)

Yes  No

(if yes give details)

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 in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/carer: .....

Signature of parent/carer: .....

Date: .....

For Club Use Only:

Provisional Licence

Date no:

Date expires: