



BRADFORD JUDO 柔道 UNIVERSITY CLUB

Bradford University Judo Club

CLUB MEMBERSHIP FORM

We are very pleased to welcome you to Bradford University Judo Club. To ensure that we have the correct contact details for you, please insert the information requested below and return this form to your coach. If you are under 18 please also ask your parents or guardian to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

PERSONAL DETAILS

Name:

Address:

..... Postcode:

Home telephone number:

Mobile: Email:

Date of birth: Gender:..... Male Female

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

Student Number:

British Judo Association Licence Number:

SPORTING INFORMATION

Have you done Judo before? Yes No

If yes, please indicate where you did so below: -

School.....

Local authority coaching session (s).

Club

County.....

Other (please specify):

.....

ETHNICITY

In order to help the club, monitor its membership can you please tick one of the following boxes to identify your ethnic group:

White Asian Asian British Black Black British

Mixed Chinese Other:

Please turn over and complete reverse side...



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MEDICAL INFORMATION

Please detail below any important medical information that our coaches / coordinator should be aware of (e.g. epilepsy, asthma, diabetes, etc).

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EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

Contact name #1:

Emergency contact number:

Contact name #2:

Emergency contact number:

TO BE COMPLETED BY ALL MEMBERS

By returning this completed form, I agree to abide by the rules and regulations of the Club which can be viewed on the club website at www.bujc.co.uk. I also declare that I will be respectful of other members at all times and will participate in the true spirit of Judo.

Signature:

Date:

TO BE COMPLETED BY PARENT/GUARDIAN OF JUNIOR MEMBERS

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

Name of parent/guardian:.....

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Signature of parent/guardian:

Date: