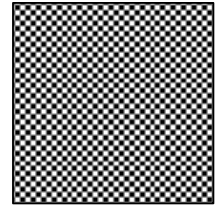




Version 5

Willow Heart Judo Club

Student Registration Form



Optional Student
Photograph

Student Details:

Student Name: _____ Date of Birth: _____

Home Address: _____ Telephone No.: _____

_____ Mobile No.: _____

_____ Email Address: _____

Judo Membership:

Organisation (e.g. BJA, BJC, etc.) _____ Renewal Date
of Licence: _____

Licence No.: _____ Present Grade: _____

Medical Information:

Please state any medical conditions which you feel the club should be aware of:
e.g. special needs, learning disabilities, allergies, asthma, diabetes, etc.

Further Information:

Please state any other relevant information: _____

Emergency Contact Details:

Contact Name: _____ Relationship: _____

Telephone No.: _____

Confidentiality Notice & Loco Parentis Agreement:

This student registration form will be held in the club's folder and will only be used to contact the student's next of kin in the unlikely event of an accident or a problem.

None of this information will be stored on an electronic database or otherwise, with the form being immediately returnable to their owners upon their request.

In case of an absolute emergency, I give permission for the club officials to act in loco parentis and consent to treatment procedures being carried out by trained medical personnel as necessary.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____