New Member Form

Cheddar Judo Club

Dear Parent / Member

Welcome to Cheddar Judo Club. We would like to ensure that we run a safe and friendly Judo club and welcome your comments and feedback regarding any of our activities at any time.

To start the membership process we need for you to read and complete the following information (please print):

Parent / Guardian _____ (If Player Under 16 yrs)

Name (Player) _____ DOB ____/____/____

Address: _____

_____Post code _____

Contact Phone No. __(_____)_____Mobile _____

Email: | | | | | | | | | | | | | | | | | | | | |

Please let us know about any relevant medical information that would affect the ability of the new member to practice Judo?

_____

_____

(Continue on the back of the form if required)

The Cheddar Judo club, whilst taking every possible safety precaution, will not be responsible for any injury to persons or property, during the practice of judo or the occupation of the premises. Neither will the club accept responsibility for any loss of property or personal effects or valuables. All persons (whether members or visitors) should make sure they have adequate insurance cover.

Signature _____ Date ____/____/____
(Parent or Guardian Signature if Player is under 16)

For Official Use BJA License Number _____