



Gosport Judo Kwai

Club Membership Form

We are very pleased to welcome you to Gosport Judo Kwai.

To ensure that we have the correct contact details for you, please fill in the information requested and return this form to your coach. If you are under 16, 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: _____

_____ Post code: _____

Home phone number: _____ Mobile: _____

Email: _____

Date of birth: _____ Gender: Male Female

In order to help the club monitor its membership can you please tick one of the following boxes to identify your ethnic group: White Mixed Asian/Asian British Black/Black British
Chinese or other ethnic group

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability? _____

SPORTING DETAILS

Have you done judo before? Yes No

If yes, please indicate where: Primary school Secondary school

Local authority coaching session Club County Other (please specify)

MEDICAL INFORMATION

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

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 number 1: _____ Contact number: _____
(parent/guardian)

Contact Name number 2: _____ Contact number: _____
(parent/guardian/other)

TO BE COMPLETED BY ALL MEMBERS

By returning this completed form, I agree to abide by the rules and regulations of the Club. I also declare that I will be respectful of other members at all times and will participate in the spirit of judo.

Signature: _____ Date: _____

I agree to this information being stored on a database for club use (to be signed by parent or guardian of junior members)

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 responsible steps will be taken to contact me, and to deal with that injury/illness appropriately.

I agree/do not agree to images of my child being published either on the club web site, in the club newsletter or in publications promoting the club.

Name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

*Mat fees are £3.50 for juniors and £5.00 for seniors per session, payable at each session. If you wish to pay by cheque, please make cheques payable to **Gosport Judo Club**. A standing order option is available which entitles the member to attend one or more sessions per week at a reduced mat fee. £10.00 for juniors and £15.00 for seniors per month. Please ask your coach for a standing order form.*