

STEVENAGE JUDO CLUB senior membership application form - Over 18

BJA Membership number

BJA Membership renewal date

Date of birth

Members first name

Home address

Members last name

Members mobile/home telephone number

Post code

Members email address

MEDICAL Please give details of any disabilities, medical conditions or injuries

FIRST Emergency contact name and relationship to member

FIRST Emergency contact phone number

SECOND Emergency contact name and relationship to member

SECOND Emergency contact phone number

Medical authorisation, please tick either/or that applies to you:

I consent I do not consent for a member of the Stevenage Judo Club staff, to administer first aid or give the immediate necessary authority on my behalf, for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Name of member

Date

Use of photographic images, videos and names in local press, social media and publicity material, please tick either/or that applies to you:

I consent I do not consent to Stevenage Judo Club photographing or videoing me and using images (or adaptations of images of me), and my name for press releases in local press and for publicity social media and fund raising purposes.

Name of member

Date

I am happy to receive communications via WhatsApp on this mobile number

I am happy to receive communications via email on this email address

By ticking the consent box below, you are approving all of the information that you have entered and indicated your decision on the consent questions that we have asked. Once ticked please save a copy of the form to your device, include your full name in the title of the saved file and then email the PDF to this address: enquiries@stevenagejudoclub.co.uk If you do not have the facility to complete this form digitally, please print a copy, manually fill it in and supply a copy to the judo club when you visit the club next. If any of this information changes, it is your responsibility to fill in a new form and send it to us to update our copy. If you decide to leave the Judo club, you can request that we delete all details that we keep on file.

Name of member

Consent

Date