



# South Brent Judo Club

## Personal Record

Please complete ALL of the following in BLOCK CAPITALS. (All information will remain confidential)

### Members Details

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone No \_\_\_\_\_

Mobile No \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Licence No. \_\_\_\_\_

Renewal Date \_\_\_\_\_

Name of School \_\_\_\_\_  
(i.e. South Brent Primary)

Details of any medical conditions, I.e. Asthma, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACT DETAILS. MUST BE FILLED IN.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Relationship to member \_\_\_\_\_

We, as responsible members of the B.J.S, try to ensure the safety of all members, but it must realised that Judo is a contact sport and as such injuries can occur.

I realise that what I shall be taught will be dangerous unless used with discretion and I promise that the knowledge I may acquire shall be used only in the sport of Judo, or in self defence. I realise that neither South Brent Judo Club, nor its Instructors or committee can be held liable for any injuries sustained by me whilst training.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian must sign if Member is under 16 years old)