

Westcroft Judo Schools Booking Form

We are very pleased to welcome you to Westcroft Judo. We would kindly ask that you read and complete the following information, returning it to us prior to your first session.

School:

Participants Details:

Name:

Age:

DOB:

Address:

Post Code:

Home Telephone:

Mobile:

(parent/carer if under18)

Email:

(parent/carer if under18)

Medical / Injury Information:

Please detail any important medical information that our staff need to be aware of (e.g Asthma, epilepsy, any ongoing injury or illness, regular medication).

Additional Needs Information:

Please provide us with details of any Additional needs your child may have (e.g ASD, ADHD, Aspergers, Learning difficulties etc).

Emergency contact details:

Name:

Relationship:

Phone:

Judo information

Judo is a full contact sport involving, throwing, restraining, grappling and submission techniques. As with any sport there is a risk of injury, to minimise this risk we routinely carry out risk assessments, perform warm-ups and teach all students how to fall/receive Judo throws correctly, as well as tap out submission procedures.

Westcroft Judo are proud members of the British Judo Association (since 1996), we are pleased to be able to offer our school Judo members the opportunity to take out a British Judo pathway membership, which offers insurance and access to nationally recognised Judo belt grades, club & level 1 events, this is an annual membership currently £10 pa.

By returning this form I agree to the participation of my child/children in the activities of Westcroft Judo.

GDPR

These forms are used to collect general information about participants, name, address, contact numbers, emergency contact name/number & email address. These are used for club administration purposes & updated annually, the information will be used as and when needed. This information is securely stored at our official's home, they are taken to and from each training session and are not shared, unless required for incident, accident or child protection matters.

Our preferred method of communication is email, please indicate if we may use the email address provided to update you with our activities/news. Yes / No

*Signed:

Dated:

*Name: (print)

*If the participant is under the age of 18 this form must be completed and signed by a parent/ carer.