



Registration and Medical form Junior / Adult
PLEASE PRINT CLEARLY IN BLACK INK



Full Name

Postal address

Date of birth

Age if under 16

Current grade

Do you / your child have any additional needs

Please list medical conditions/ allergies/ medications

Email address

Emergency contact (1) Name
Relationship

Telephone number

Emergency contact (2) Name
Relationship

Telephone number

Your data will only be used by the club for the purpose of running the Carn Brea Judo Club (i.e. taking the register sharing with the BJC to apply /renew licences) and should it be necessary informing medical staff in case of an emergency. When not being used your data will be held digitally by the club officers in charge of licences, treasurer and secretary all paper copies of personnel information will be stored in a locked storage. Upon you or your child leaving the club it will be returned, destroyed or deleted. We will not pass it on the third parties (other than the BJC) or use it for any other purpose other than to inform you of events and club correspondence regarding the club. Your details can be viewed at anytime and can withdraw your consent to this permission at anytime

Signed Judoka (parent signature if under 16)

Date