|  |  |
| --- | --- |
| **Child’s information** |  |
| Full Name | |
| Address | |
| Date of birth  and age | Gender |
| BJA member  number | |
| **Parent/Guardian’s information** |  |
| Name | |
| Address | |
| Home Phone | Mobile Phone |
| Email |  |

Do you consider yourself to have a disability? If yes, please provide more information below:

Please detail below and important medical information that our coaches should be aware of (e.g. epilepsy, diabetes, asthma etc)

Please indicate below whether you are happy for Prince Of Wales Judo / Canterbury Judokwai to take and use images of you/your child for the purposes of promoting the club via our website, social media and / or local news:

Yes / no

Please indicate if there is anything else we need to be made aware of:

Have you done Judo before? If yes, please indicate below:

if yes, where

If you are happy, please indicate your ethnic group below. This is completely voluntary and the data collected will only be used to help the club demonstrate diversity and for fund raising purposes, if necessary.

Bring this form along with payment with you to the judo session, or email to [judo.canterbury@gmail.com](mailto:judo.canterbury@gmail.com)

Please visit our website canterburyjudo.com or Facebook page @canterburyjudokwai for more information.