



# Cambridge University Judo Club

## CUJC Membership Form and Emergency Contact Slip

<b>Personal Data</b> Name: _____ Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age over 18: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student, College: _____, CRSid: _____ Email: _____	
<b>Experience</b> <input type="checkbox"/> Beginner <input type="checkbox"/> Judo <input type="checkbox"/> Other MAs Belt/Grade: _____	<b>Motivation</b> (multiple choice) <input type="checkbox"/> Leisure <input type="checkbox"/> Competition <input type="checkbox"/> Fitness <input type="checkbox"/> Other: _____
<b>BJA (British Judo Association) Membership</b> <input type="checkbox"/> I am a BJA member, BJA license number: _____ <input type="checkbox"/> I have registered with the BJA, but have not received my license yet <input type="checkbox"/> I will register with the BJA as soon as possible	
<b>CUJC Membership</b> <input type="checkbox"/> Student beginner (Michaelmas) £15/term <input type="checkbox"/> Student full membership £40/term <input type="checkbox"/> Student full membership - standing order £10/month  <input type="checkbox"/> Beginner (Michaelmas) £20/term <input type="checkbox"/> Full membership £70/term <input type="checkbox"/> Full membership - standing order £20/month  <input type="checkbox"/> Payment per session £5 (£3 students/pupils, £2.50 Cambridge students)	<b>CUJC Bank Details</b> Account number: 92667126 Sort code: 40-16-08  Please use your name as reference.

### Declaration:

I have read and will adhere to the CUJC Code of Conduct and the Constitution.

<http://cujc.soc.srcf.net/wp-content/docs/CodeOfConduct.pdf>

<http://cujc.soc.srcf.net/wp-content/docs/Constitution.pdf>

I understand that Judo is a full contact sport, and although all efforts will be made to ensure safety of members at all times, accidents and injuries can and do happen.

I have read the CUJC Safety Policy.

<http://cujc.soc.srcf.net/wp-content/docs/SafetyPolicy.pdf>

### Data protection:

I understand and permit CUJC to process and store the information provided with this form for club-related purposes as detailed in our Data Protection Policy:

<http://cujc.soc.srcf.net/wp-content/docs/DataProtection.pdf>

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



# Cambridge University Judo Club

**Emergency Contact Slip** (to be stored in cupboard safe)

Member's name: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Relationship to member (e.g. spouse): \_\_\_\_\_

Are there any pre-existing medical conditions CUJC should be made aware of (e.g. latex allergy, heart conditions, epilepsy etc.)?

No  Yes,

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