



Cambridge University Judo Club

CUJC Junior Membership Form

Personal Data (Junior member)

Name: _____ Surname: _____

D.O.B.: _____ Age: _____ Sex: M F

Address: _____

Post Code: _____

E-mail: _____

Name of parent(s)/legal guardian(s) with whom the child normally lives:

_____ Parental responsibility (yes/no)

_____ Parental responsibility (yes/no)

Other adults with parental responsibility/rights with whom the child does not live:

Name: _____ Tel: _____

Relationship to child: _____

Emergency Contact:

Please provide two contacts who can act in an emergency for your child.

These numbers must be valid whilst your child is training at Cambridge University Judo Club:

1. Name: _____ Relationship to child: _____

Telephone number: _____

2. Name: _____ Relationship to child: _____

Telephone number: _____

In the event that nobody can be contacted in an emergency Cambridge University Judo Club will seek any necessary emergency medical advice or treatment and will allow other trained professionals to make decisions in the best interest of your child (e.g. medical staff/emergency services).

Experience

Beginner Judo Other MAs

Belt/Grade: _____

Motivation

(multiple choice)

Leisure Competition Fitness

Other: _____

BJA (British Judo Association) Membership

BJA license number: _____



Cambridge University Judo Club

CUJC Junior Membership

- Student/pupil beginner (Michaelmas) £15/term
- Student/pupil full membership £40/term
- Student/pupil full membership - standing order £10/month

- Payment per session £5 (£3 students/pupils, £2.50 Cambridge students)

CUJC Bank Details

Account number: 92667126

Sort code: 40-16-08

Please use your name as reference.

Declaration

I (parent/legal guardian) have read the CUJC Code of Conduct and the Constitution on the club website:

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

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

I (parent/legal guardian) have read the CJC Safety Policy.

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

I (parent/legal guardian) agree to:

1. Never force my child to take part in Judo.
2. Set a good example by recognising fair-play and applauding the good performances of all.
3. Support my child's involvement and help them to enjoy their Judo.
4. Use correct and proper language at all times.
5. Provide current emergency contact and medical information for my child before leaving them in the club's charge.
6. Ensure that my child arrives on time, is appropriately dressed (with all jewellery removed), and is clean and physically fit to train.
7. Ensure that my child understands the CUJC Code of Conduct, Constitution and Safety Policy.

Whilst the club seeks to provide a safe environment within which to practice Judo, I understand that Judo is a contact sport and accept that accidents can happen. I understand that the club seeks to have a qualified first-aider at all its training sessions and that if for any reason medical attention is required, the coaches will ensure that nobody undertakes first aid treatment for which they are not qualified and that they will seek more qualified attention where they cannot confidently deal with the problem.

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



Cambridge University Judo Club

Data protection:

I (parent/legal guardian) 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: _____

Print name: _____ Relationship: _____

(parent/legal guardian)