



# HULL JUDO CLUB



## PLAYER INFORMATION

### PLAYERS DETAILS

Surname: -

First names: -

Date of birth: -

Address: -

Post code: -

Tel No: -

Mob No: -

E Mail Address: -

Current / Previous school or college: -

### MEDICAL – PLEASE ENSURE COMPLETE DETAILS ARE PROVIDED

Next of kin print name: -

Relationship(Mother, Father etc): -

Address: -

Post code: -

Tel No: -

Mob No:-

Name of additional emergency contact: -

Tel No: -

Mob No:-

General practitioner's name: -

Address: -

Post code: -

Tel No: -

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately, including the provision of first aid by a suitably qualified person.

**Signed (Parent or Over 18 year old Player):-**

CONTINUED OVER LEAF



# HULL JUDO CLUB



**To the best of your knowledge are you aware of any medical conditions, disabilities or otherwise which would be affected by undertaking judo: -**

YES / NO (if yes please specify)

.....  
.....  
.....

**Do you or have you suffered from any of the following: -**

	YES	NO
Current infections		
Impairment of vision		
Impairment of hearing		
Impairment of mobility (i.e. arms, hips, legs etc)		
Diabetes		
Epilepsy, fainting attacks, episodes of unsteadiness, fits, Giddiness or sudden loss of consciousness		
Cardiac or circulatory problems, including pace makers		
Chest pain or shortness of breath		
Asthma		
Recent major surgery		

If the answer to any of the above questions is yes please specify: -

.....  
.....  
.....

## PHOTOGRAPHS & PERSONAL INFORMATION

Permission for yours, your son / daughters photograph to be entered into the press, club notice board or web site and information.	YES	NO
Information to be kept on a database in accordance with the Data Protection Act.	YES	NO

## DECLARATION

I here by declare that the information I have given is true and complete, and I agree to abide by the Hull Judo Club Code of Conduct: -

Parent Name: -

Player Name: -

Parent Signature: -

Player Signature :-

Date: -