



renrukan
school of continuous attack

Head Coach - Mark Scott
07890 339642
judoscotty@talktalk.net
www.renrukan.com

Application for
renrukan
Club Membership

Club Membership Number:

Full Name: _____ **Date of Birth:** _____ **Male / Female**

BJA Licence Number: _____ **Expiry date:** _____ **Date Club Fee Paid:** _____

Address:

Postcode:

Contact telephone numbers

Landline:

Mobile:

Work:

Email address:

Emergency Contact Details

Full Name of primary contact:

Relationship to club member:

Landline:

Mobile:

Full Name of secondary contact:

Relationship to club member:

Landline:

Mobile:

Doctors Contact Details

Name of Surgery :

Name of Doctor:

Contact telephone number for surgery:

Medical Details

Do you suffer from any medical conditions requiring medication? Yes / No

If yes please give further details below:

Please give details of any medical or otherwise conditions that we need to be aware of:



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To be completed by Parents / Guardians of *junior* members....

By returning this completed form, I agree to my child taking part in the activities of the club. I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me and that the injury or illness will be dealt with appropriately.

Name of parent / guardian:

Signature of parent / guardian:

Date:

To be completed by *all* members....

By returning this completed form, I agree to abide by the rules and regulations of the club. I also declare that I will be respectful of other members at all times and will participate in the true spirit of Judo.

Name of club member:

Signature of club member:

Date:

Club publicity and news... (for all members under 18)

I do / do not give permission for photographs of my child to be used on club promotional material and the club website.

Signature of parent / guardian:

Date:

In order to help the club monitor it's membership, please fill in the following:

I consider myself to be:

Asian or Asian British
Black or Black British
Chinese or other ethnic group
Mixed
White

Do you consider yourself to have a disability? Yes / No
If yes, what is the nature of your disability?

Sporting information....

Have you done Judo before? Yes / No

If yes, please indicate where you did so below:

Primary School
Secondary School
Local Authority coaching session
Club
County
Other (please specify)

Name of school:

Please keep your contact details up to date! If any of your details change, please inform us as soon as possible. This will ensure that we are able to contact you in the case of an emergency as well as keeping you up to date with club news. Thank you!