# Club Membership Form

We are very pleased to welcome you to Shiro No Judo Kent.

To ensure that we have the correct contact details for you, please insert the information requested below and return this form to *Tara Cullen, Club Secretary.*

If you are under 16 please also ask your parents or guardian to sign the form before it is returned.

We will also use this information to ensure that you are kept informed about club events.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Home TELEPHONE NUMBER |  |
| MOBILE |  |
| EMAIL  | I am happy to contacted with updates and information regarding the club [ ] |
| DATE OF BIRTH |  | GENDER |  |
| Ethnic GROUP | White 🞎 Mixed 🞎 Asian or Asian British 🞎 Black or Black British 🞎 Chinese or other ethnic group 🞎  |

## GDPR The categories of Club Members information that we collect, process, hold and share include:

* Personal information (such as name, employee or teacher number, national insurance number)
* Special categories of data including characteristics information such as gender, age, ethnic group, disability
* Membership contract information (such as name, date of birth, Address, emergency contact)
* Competition data (This is collected and shared with the British judo Association, to advise and guide members on the next steps in qualification or grading)
* Qualifications (and, where relevant, subjects taught)
* Medical Information (Asthma, Diabetes, Allergies etc)
* Do you consent to have your Information Kept on File Yes No

**Do you consider yourself to have a disability**? Yes 🞎 No 🞎

If yes, what is the nature of your disability?

**Medical information**

Please detail below any important medical information that our coaches/co-ordinators should be aware of (e.g. epilepsy, asthma, diabetes, etc).

**Emergency contact details**

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

Contact name #1 (parent/guardian):

Emergency contact number:

Contact name #2 (parent/guardian/other):

Emergency contact number:

In the event of an emergency, I am authorizing Shiro No Judo Kent to arrange for my child to receive medical treatment.

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.

Signature:

Date:

**to be completed by parent/guardian OF JUNIOR MEMBERS**

By returning this completed form, I agree to my son/daughter/child in my care 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 to deal with that injury/illness appropriately.

Name of parent/guardian:

Signature of parent/guardian:

## 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 (s) 🞎

Club 🞎

County 🞎

Other (please specify):............................................

**Photography and filming consent form**

|  |  |
| --- | --- |
| Name of organisation: *To be completed by the organisation* | **SHIRO NO JUDO KENT**  |

In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the child or the parent if the child is under 16.

The (organisations name) will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform (insert organisations name) immediately.

|  |
| --- |
| Consent information: |
| *To be completed by child:** I give permission for my photograph to be used within the club for display purposes
* I give permission for my photograph to be used within other printed publications
* I give permission for my photograph to be used on the club’s website
* I give permission for videos of me to be used on the club’s website
* I give permission for my photograph to be used on the club’s social media pages
* I give permission for videos of me to be used on the club’s social media pages
 |
| **Signature of child:** | **Print name child:** |
|  |  |
| **Date:** |
| If the child is under 16, consent must be obtained from parents.If over 16, it’s still good practice to inform parents that photographs/videos of their child may be used if the child has given consent. |
| *To be completed by parent:** I give permission for my child’s photograph to be used within the club for display purposes
* I give permission for my child’s photograph to be used within other printed publications
* I give permission for my child’s photograph to be used on the club’s website
* I give permission for my child to be videoed for use on the club’s website
* I give permission for my child’s photograph to be used on the club’s social media pages
* I give permission for my child to be videoed for use on the club’s social media pages
* I can confirm that I have read or been made aware of how these images or videos will be stored within the organisation.
 |
| **Signature of parent:** | **Print name of parent:** |
|  |  |
| **Date:** |