

MEMBERSHIP FORM FOR WESSEX JUDO CLUB



Membership Number Date Joined

Type of Membership Individual Temporary Family

Name

.....

Address

.....

Date of Renewal Fee Paid

Notable Medical Conditions

Certificate of Understanding and Assumption of Risk Agreement signed Yes / No

I do/do not consent to the member's photograph/video being taken during training and competitions.

Member Signature

Parent / Guardian Signature

Emergency Contact

Name Tel Number

Address.....