



Fill this form in on screen or by hand, then print it and bring it to your next lesson.
Fields marked * are required. One form per member, please.

A MEMBER DETAILS

Full name *

Date of birth *

Telephone *

Email *

Address *

Town or parish *

Postcode *

B WHICH CLASS

Tick the class you are joining

☐ Little Judo (4–7) ☐ Juniors (8–10) ☐ Teens (11–18) ☐ Adults (18+)

Current grade if any

BJA licence number if you have one

C PARENT OR GUARDIAN — MEMBERS UNDER 18

Full name

Relationship to member

Email

Telephone

D EMERGENCY CONTACT

Who we ring if something happens on the mat

☐ Same as the parent or guardian in section C — leave the boxes below blank

Full name *

Relationship to member *

Telephone *

Alternative telephone



E MEDICAL INFORMATION

Judo is a contact sport. Please tell us anything a coach would need to know to keep this member safe on the mat. If there is nothing to report, write "None".

Medical conditions * asthma, epilepsy, diabetes, recent injury, anything else

Allergies and medication including any medication kept on site

F PHOTO AND VIDEO CONSENT

We sometimes take photographs or video at training, gradings and competitions, and use them on our website and social media to promote the club. We follow British Judo Association guidance. You do not have to agree, and it will not affect membership in any way.

I consent to Guernsey Judo photographing this member and using the images:

☐ Yes, I consent ☐ No, I do not consent

G DECLARATION

I agree to abide by the rules of Guernsey Judo and the British Judo Association. I understand that judo is a full contact sport and that, although every effort is made to keep members safe, accidents and injuries can happen. I confirm the information on this form is correct and I will tell the club if anything changes, in particular the medical details and emergency contact above.

I consent to Guernsey Judo holding and using the information on this form, including the medical details, as described in "How we use your information" below. A British Judo Association licence is required after the first four weeks. Members under 18 must have this form signed by a parent or guardian.

Signature * or type your name if completing on screen

Print name *

Date *

WHAT TO DO NEXT

Please print this form and bring it to your next lesson.

HOW WE USE YOUR INFORMATION

Guernsey Judo is the data controller for the information on this form and processes it under the Data Protection (Bailiwick of Guernsey) Law, 2017. We use it to register you, to contact you about training and gradings, and to keep you safe on the mat. Medical details are special category data, so your signature above is your explicit consent for coaches and first aiders to use them. Only coaches and committee members who need your details can see them. We share your name, date of birth and grade with the British Judo Association to register your licence and record gradings. We keep your records while you are a member and for two years after your membership ends, then we destroy them. You have rights over your information, including to see it, correct it or ask us to delete it: email guernseyjudoclub@gmail.com. If you are unhappy with how we have handled it you can complain to the Office of the Data Protection Authority at odpa.gg.