



# Crewe Judo Club

## Judoka Information Sheet

### Personal Information

Title:	<input type="text"/>
First Name:	<input type="text"/>
Surname:	<input type="text"/>
Date of Birth:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode:	<input type="text"/>
Home Phone:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>

### Medical Information

Doctor's Name & Address:	<input type="text"/>
Doctor's Phone:	<input type="text"/>
Medical Info:	<input type="text"/>

### For Club Use Only

Association:	<input type="text"/>
Licence No:	<input type="text"/>
Club Joining Date:	<input type="text"/>

### Emergency Contact Details

Contact 1:	<input type="text"/>
Phone Number:	<input type="text"/>
Relationship:	<input type="text"/>
Contact 2:	<input type="text"/>
Phone Number:	<input type="text"/>
Relationship:	<input type="text"/>

### Photos & Videos

I hereby give my permission to Publish my Child's/My Photos/Videos on the Club's Web Site, Facebook Page, local newspaper and our Club YouTube Channel.  
(delete as appropriate)

Yes

No

Signature (parent/guardian if member under 16 \_\_\_\_\_)