

# Bucks Judo Membership Form

## Personal information & contact details

**First name**

**Surname**

**Address**

**Email**

**Phone Number**

**Gender**

Male / Female / Other

**Date of birth**

## Parent / Carer Details

**First Name**

**Surname**

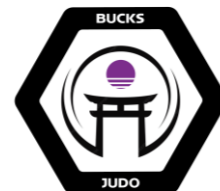
**Mobile**

## Ethnicity and disability

**Ethnicity**

**Disability**

**Medical**



## General Data Protection Regulation (GDPR)

To help comply with GDPR consent requirements, we need to confirm that you would like to receive information from us. If you'd like to continue hearing from us, please sign below:

**Signature:**

**Date:**

## Photo consent

To promote our club, our players and our achievements, Bucks Judo will occasionally publish photos and images online via our website and social media accounts. If you give permission for your child's photo to be used, please sign below:

**Signature:**

**Date:**

## Declaration

If my child becomes injured and required treatment, I consent to first aid treatment being administered. This included requesting an ambulance.

**Signature:**

**Date:**