

SJA – Parental Consent Form

This form must be completed before any new members can participate in any Shodan Judo session. To be completed by a parent or guardian of members under 18 Years old.

Injuries at Shodan clubs are very rare but Judo is a contact sport and so members must acknowledge that the practice of any martial art / combat sport involves the risk of injury.

Personal Accident Insurance is provided as part of the membership package and therefore membership is compulsory. Three taster sessions are permitted before membership has to be purchased. If you have not already been given a membership form then please request one from your coach.

The membership package includes: **Membership Card, SJA Record Book & Personal Accident insurance**

It is individual members responsibility or parents/guardians for those under 18, to purchase and renew membership and the SJA will not be liable for any injuries that may occur during any period in which your membership is not valid and for what ever reason the cause of the lapse may be. If you do not have a valid SJA membership then Shodan Judo reserves the right to refuse participation in any of our sessions or events.

Declaration:

I understand the need to purchase personal accident insurance through SJA membership and will do within three weeks of the date shown on this form. In the mean time I am aware that any injuries that should occur through my / Son or Daughters attendance and participation of judo at any Shodan Judo Club will in no way be the fault, blame or liability of Shodan Judo and Shodan coaches.

Should I have not purchased membership for my Son / Daughter within the time stated or have renewed a membership then I am aware that I will be refused admission to train at Shodan Judo Clubs or participate in any Shodan events and once again, I acknowledge my own / Son or Daughters attendance shall be at my own risk and understand that Shodan Judo will bear no liability for any incident or injury that may occur.

Surname: _____ **Date of Birth:** _____

Forenames: _____

Address: _____

_____ **Post Code:** _____

Home Tel: _____ **Mobile:** _____

E-Mail: _____ **Club:** _____

Do you have any disabilities (physical or mental) or any other medical condition that could effect your Judo training, e.g. Asthma, Hay fever, Migraine, Epilepsy, short sightedness, deafness, ADHD, ODD, Autism, ADD, contagious diseases etc. If yes, please give details on the back of this form.

Signed: _____ **Date:** _____