

Hibernians Budokwai Judo Club



Enrolment Form

E-mail: hbjc.malta@gmail.com Tel No. 99496556

Surname: _____ Name: _____

Address: _____

_____ Post Code: _____ I.D. Card No: _____

Email: _____ Mobile: _____

Tel No: (Residence) _____ Date of Birth: (D) _____ / (M) _____ / (Y) _____

Parents / Guardian Names, Telephone No: _____
& I.D. Card Nos (If under 18) _____

Medical Remarks: _____
(Please indicate any Health disorder, which may require special attention)

Please list any medication
you might be taking: _____

Emergency Contact Person: _____ Tel No: _____

Any participation of this sport assumes injury resulting from performing this sport and the club disclaims all liability. To reduce the risks of injury consult your doctor before beginning this sport.

Information about you may be put onto our database and used, analysed and assessed by us as necessary in servicing your relationship with us. This information may be disclosed to officials of the Judo Federation and others, in order to provide you with the service applied for, in Malta and abroad.

Under data protection legislation, you can ask in writing for a copy of certain personal records we hold about you. You also have the right to request rectification, blocking or erasing of such personal data that has been processed in accordance with the Act.

I also hereby give my consent for my son / daughter, or my image to be used in footage / pictures relating to provide information / advertising purposes for Hibernians Budokwai Judo Club.

I agree to the above and the club membership rules.

Date

Signature (Parents / Guardian if under 18)

Office Use Only

Membership Approval Date: _____ By: _____ Club Registration No: _____

M.J.F. Registration No: _____