



CIRENCESTER JUDO CLUB

BJA CLUB: 2180

ANNUAL HEALTH ASSESSMENT FORM- 2024

Player Name:			
Date Of Birth:		BJA License No (Where known):	
(Guardian/Parent Name) Address:			
Post Code:		PHONE No[s]	
e-Mail Address:			
Additional Relevant Information e.g. Allergies, Medication, long-term Injuries or Conditions that could be detrimental to participating in Judo (**If nothing - Please mark N/A):			
In Case of Emergency Name /Contact Details PHONE			

IMAGES	Please indicate (sign with INITIALS) whether you give permission for images of the player to be taken (such as indiv or team photo) and possibly used on the CJC website/social media or other promotional material	YES	NO

Emergency Treatment Permission:			
I give my permission for (FULL name of player) to receive emergency medical attention including the administration of anaesthetic, should it be necessary whilst in the charge of Cirencester Judo Club. I understand that, Cirencester Judo Club, its servants, agents or employees do not accept any liability whatsoever for the loss of property, accident, or injury to the player caused during the course of training, coaching, preparations for competition OR in competition.			
Signed:		Date:	