



# Lincoln Judo Academy

## LINCOLN JUDO REGISTRATION FORM

Child 1 : ..... D.O.B: .....

Child 2 : ..... D.O.B: .....

Parent/Guardian Names: .....

Home Tel: .....

Mobile Tel: .....

E-mail Address: .....

Address: .....

.....

Emergency contact name and telephone number: .....

.....

Medical Information: Please list any medical conditions/allergies:

.....

.....

I agree to my child/children taking part in judo classes under Lincoln Judo Academy.

I agree to any photographs that may be taken being published in the press or featured on the LJA Club website:      Yes/No (please circle)

I agree to my child receiving emergency first aid:      Yes/No (please circle)

Judo Licence No. If applicable: .....

Grade if applicable: .....

Signature: Parent/Guardian: ..... Date: .....

Please complete this form and return to your club coach at your next lesson.  
Thank you.