CORRESPONDENCE ADDRESS
Dr John Malkinson
8 Greenvale Gardens
Gillingham
Kent ME8 6HB
Tel: 01634 364685

CLUB ADDRESS
Medway Park Leisure Centre
Mill Road
Gillingham
Kent ME7 1HF
Tel: 01634 575153

Application Form for New Membership/Membership Renewal

APPLICANT DETAILS	
SURNAME:	**FORENAME(S):**
ADDRESS:	**PREFERRED CONTACT TEL:**
	ALTERNATIVE CONTACT TEL:
POSTCODE:	**EMAIL:**
DATE OF BIRTH:	**SEX: MALE / FEMALE / DO NOT WISH TO DISCLOSE** *(delete as appropriate)*
MEDWAY PARK MEMBERSHIP NUMBER: *(enter "NEW" if first application)*	**EXPIRY DATE:**
BJA MEMBER: YES / NO *(delete as appropriate)*	**BJA MEMBERSHIP NUMBER:**
	BJA MEMBERSHIP EXPIRY:

TYPE OF MEMBERSHIP REQUIRED *(tick as required)*					
JUNIOR *(under 16 at time of application)*		**SENIOR** *(over 16 at time of application)*		**FAMILY** *(complete family information form)*	
FEE = £15		**FEE = £28**		**FEE = £40**	
SUM ENCLOSED: £ *(membership fees are non-refundable)*					

SESSIONS CURRENTLY ATTENDED *(by any family member; tick all that apply)*									
Mon Jnr	**Mon Snr**	**Tue Jnr**	**Tue Snr**	**Wed Jnr**	**Thu Jnr**	**Thu Snr**	**Fri Jnr**	**Fri Snr**	**Sat Jnr**

MAT FEES *(all members and visitors will be required to pay mat fees for each session attended)*			
JUNIOR MEMBER **£2.00**	**JUNIOR VISITOR** **£2.50**	**SENIOR MEMBER** **£2.00**	**SENIOR VISITOR** **£2.50**

DECLARATION, DATA PROTECTION AND PHOTOGRAPHY CONSENT

Please sign below to indicate:

- I accept that Medway Park Judo Club cannot be held responsible for any injury or loss incurred (on or off the mat) at the Club or on behalf of the Club.
- I certify that to the best of my knowledge and belief, the above details are correct and that I have read the rules, policies and constitution of the Club and agree to abide by them and any other conditions that the Club may display or make known to me.
- I consent to Medway Park Judo Club including the information provided on this application in the Club database for the purpose of administration and maintenance of membership records and understand that the Club will not use this information for any other purpose without prior agreement.
- I consent to receiving electronic communications such as official Club notices and notifications of changes to opening and closing times by email.
- I do / do not* consent to the Club Press Officer/designated representative and/or recognised Press taking photographs at events/competitions solely for the promotion of Medway Park Judo Club and British Judo. This could include publication of pictures on the Club website, the Club Facebook page, promotional materials and Club notice boards.

(delete as appropriate)*

SIGNATURE *(if under 16 signature of parent/guardian required)*	**DATE**

CLUB USE ONLY

ACCEPTED	**YES / NO**	**FEE REC'D:**	**£**	**DATE:**	
SIGNED:			**ADDED TO DB:**		

CONFIDENTIAL MEDICAL HISTORY FORM

NAME:	
DOCTOR'S NAME:	
DOCTOR'S ADDRESS:	

ARE YOU:

1. Attending or receiving treatment from a doctor, clinic, hospital or specialist? YES/NO
2. Taking or using medicines (tablets, creams, ointments, injections)? YES/NO
3. Allergic to any medicines or materials? YES/NO

HAVE YOU:

1. Any heart problems? YES/NO
2. Ever been admitted to hospital? YES/NO

DO YOU:

1. Suffer from asthma, hay fever, eczema or other allergy? YES/NO
2. Suffer from diabetes? YES/NO
3. Suffer from any neurological disorder *e.g.* epilepsy or migraine? YES/NO
4. Suffer from fainting attacks, blackouts or giddiness? YES/NO
5. Suffer from nosebleeds? YES/NO
6. Consider yourself to have a disability? YES/NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS BELOW:

COMPLETED BY: *(parent/guardian if member is under 18)*	**SIGNATURE:**
EMERGENCY CONTACT NUMBER(S):	

IN THE EVENT OF AN EMERGENCY AND I CANNOT BE CONTACTED, I AGREE TO THE REPRESENTATIVES OF MEDWAY PARK JUDO CLUB ADMINISTERING FIRST AID TO MY CHILD.

PLEASE INDICATE YOUR ETHNIC ORIGIN BELOW:					
Asian		**Mixed**		**Undisclosed**	
Bangladeshi		Asian and White		I do not wish to disclose my ethnic origin	
Indian		Black African and White			
Pakistani		Black Caribbean and White		**White**	
Any other Asian background		Any other mixed background		British	
Black		**Other Ethnic Group**		Irish	
African		Chinese		Any other White background	
Caribbean		Hispanic			
Any other Black background		Any other ethnic group			