



# BISHOPS STORTFORD JUDO



## IN LOCO PARENTIS & MEDICAL DETAILS FORM

Name of Judo Player: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Details of parent/guardian to contact in case of emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone (h): \_\_\_\_\_

Phone (w): \_\_\_\_\_

Phone (m): \_\_\_\_\_

Email: \_\_\_\_\_

### Details of another person to contact if parents/guardians are unobtainable:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone (h): \_\_\_\_\_

Phone (w): \_\_\_\_\_

Phone (m): \_\_\_\_\_

Email: \_\_\_\_\_

### Medical Information:

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

Illness/Allergies/Injury/Dietary info: \_\_\_\_\_

Please list any medication taken: \_\_\_\_\_

Phone (h): \_\_\_\_\_

Phone (w): \_\_\_\_\_

I hereby authorise representatives of Bishops Stortford Judokwai to act on my behalf, with regards to my/our child, in the event of an emergency and to sign on my/our behalf any consent form as required by medical or legal agencies in my/our absence. I also consent to my/our child submitting to doping control procedures as required.

### Signature of Parent(s)/Guardian(s) if U18 OR signature of Player (if over 18):

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_