# Golden Ears Judo Club

Student's Name_____ DOB _____
yyyy/mm/dd

Address _____ City _____

Postal Code _____ Phone Number _____

**Email _____ Medical # _____

Emergency contact person _____

Phone number _____

Doctor's Name _____ Phone Number _____

**Are you currently taking any medication? Y N _____**

**What previous injuries have you had?**

_____ **Year** _____

_____ **Year** _____

_____ **Year** _____

_____ **Year** _____

_____ **Year** _____

**Do you have any other medical condition that we should be aware of? Y N**

_____

**** I consent to receiving electronic communication from Golden Ears Judo - Y N**

Signature _____ Date _____
yyyy/mm/dd

**If under 19**

Parent/guardian's name: _____

Phone # _____ Phone # _____

Parent/guardian signature _____ Date _____
yyyy/mm/dd