

# JUDO GRIPS EAST CAMBS

AT: LITTLEPORT LEISURE CENTRE, CB6 1PU.

ON: TUESDAYS 18<sup>th</sup> MAY to 22<sup>nd</sup> JUNE 2010, (5.30pm to 6.30pm).

PLEASE RETURN FORM AND CHEQUE FOR £10, (PAYABLE TO LITTLEPORT JUDO CLUB), TO:

ROS EDWARDS, 76 Back Lane, West Winch, King's Lynn, Norfolk. PE33 0LA.  
or TOM HICKSON, East Cambs District Council, The Grange, Nutholt Lane, Ely. CB7 4EE.

FORENAMES \_\_\_\_\_ SURNAME \_\_\_\_\_ M / F

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ HEIGHT \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

HOME TELEPHONE (incl. STD) \_\_\_\_\_

CONTACT E-MAIL ADDRESS (Optional) \_\_\_\_\_

MOBILE PHONE FOR EMERGENCY \_\_\_\_\_

NAME OF SCHOOL ATTENDED \_\_\_\_\_

RELEVANT MEDICAL INFORMATION \_\_\_\_\_

(I confirm that the above information is true and correct and that, by signing this form, I agree to the above child participating on the course. I understand that reasonable steps will be taken to contact me in the event of injury or illness and give my permission for appropriate action, (including first aid and application of plasters), to be taken.

PRINT NAME OF PARENT or GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT or GUARDIAN \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PHOTOGRAPHS MAY BE TAKEN DURING THE COURSE AND USED IN SCHOOL NEWSLETTERS OR LOCAL NEWSPAPER REPORTS AND AS PROMOTIONAL MATERIAL FOR FUTURE COURSES.

Please circle (NO INFORMATION TO BE DISCLOSED) if there should be no photography of the participant.