**‘Get to Grips’ Female Workshop – Foyle Arena 15th June**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian if U18)

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

Emergency Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian/Next of Kin)

Has the participant tried Judo before? Yes No

**Medical Details:**

Please provide any medical details or injuries which the coaches need to be aware of for the training session:

**Declaration:**

Are you/ your child fit and able to take part in a physical judo session? Yes No

I understand that my/my child personal information will be held by the NI Judo Federation securely on computer for the purpose of this activity and any information will be used for mailing information relating to this activity.

I am happy for myself /my child to have photographs/videos taken which may be used for social media and/or promotional material? (Names of children will not be used) Yes No

Signed: (Parent/Guardian if U18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_