



MAGHABERRY HAZAMA JUDO SCHOOL
MEMBERS REGISTRATION FORM

Name _____ D.O.B. _____

Address _____

Email _____ Tel No. _____

Licence No. _____ Expiry Date _____

Emergency

Contact 1 _____ Tel No. _____

Relationship to Child _____

Emergency

Contact 2 _____ Tel No. _____

Relationship to Child _____

Please use the following section to give any other relevant information such as medical details you feel the club may need

Parent/Guardian Signature

Date
