



Wrekin Star Community Interest Club Member Information

Please complete using capital letters

Name:

Address:

Date of Birth: Age: Gender:

Mobile no.: Email:

Medical conditions / disabilities:

Emergency Contact / Next of kin/ Parents / Guardians

Name: Relationship: Mobile no.:

Name: Relationship: Mobile no.:

From time to time the club may wish to use photographs of members on social media, presentations, publications and websites to promote the club. If the member is under 18, please **tick below** indicating whether photos of your child may or may not be used. This consent may be given or withdrawn in writing at any time.

Yes – my child's photos may be used: ☐ No – my child's photos may not be used: ☐

Judo Licence no. Grade: Licence expiry date:

Signature of member if over 16: Date:

Signature of parent / guardian if under 16: Date:

Member /Parent / Guardian PRINT NAME:

All information is used in accordance with the Data Protection Act 2018 for internal use only and not passed to any third party.

Do you consent to the use of your information so that we can provide services to you? Please tick:

Yes ☐ No ☐

Preferred method of contact Email: Mobile: