

# RJK Visitors, Medical, Photography and Imagery Permissions Disclosure Form



Please make sure **ALL** sections marked with a \* and **highlighted in bold** are completed as they are mandatory.

This form is to be filled out in **block capital letters** and returned to any RJK official.

All information supplied will be held in line with current GDPR standards.

## PLAYERS PERSONAL DETAILS\*

Forename\*

Surname\*

Full address & Postcode

Telephone Number

Date of birth

E-Mail address\*

## PARENT/CARER DETAILS (if under 18 years)

| <b>Title, Forename and Surname*:</b>                          | <b>Mother*:</b> | <b>Father*:</b> |
|---|-----------------|-----------------|
| Address, including postcode if different to player's address: |                 |                 |
| <b>Telephone Number*:</b>                                     |                 |                 |
| <b>Email address*:</b>  |                 |                 |

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## HEALTH BACKGROUND\*

**Medical Notes\*:** Please include, serious illness, accident, operation, medical condition, allergy or regular treatment or medication of which RJK should be aware (*Eg. Asthma, diabetes, epilepsy, allergies, heart*). Please use a separate sheet if necessary. If none just mark N/A.

**Disability & SEN\* (Special Educational needs):** Please give details of any disability RJK should be aware of so that reasonable adjustments can be made. If none just mark N/A.

## FIRST AID\*

At Redditch Judo Kwai we stock a sports first aid kit, which is always available mat side at each session.

Please can you circle any items listed below that cannot be administered by our qualified first aiders.

Plasters      Antiseptic wipes      Micropore tape      zinc oxide tape      Vaseline

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## EMERGENCY CONTACT DETAILS IN CASE OF EMERGENCY/ILLNESS - IN ORDER OF PRIORITY\*

Please state **two people\***, who can be contacted in case of emergency.

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.

| Priority*                 | 1*      | 2*      | 3      | 4      |
|---------------------------|---------|---------|--------|--------|
| Relationship to Player*   |         |         |        |        |
| Parental Responsibility?* | Yes/No* | Yes/No* | Yes/No | Yes/No |
| Title                     |         |         |        |        |
| Forename & Surname*       |         |         |        |        |
| Telephone number*         |         |         |        |        |

## PHOTOGRAPHY and IMAGERY PERMISSIONS\*

At RJK we take our responsibility towards child protection and the use and distribution of photography and imagery very seriously. Any imagery or photography, which is taken by and used by any RJK Club Official **only**, maybe used for RJK's or the British Judo Association's benefit.

Photography and imagery can take the following forms (***Please note this list is not absolute***):

- Photos.
- Posters.
- Flyers.
- Video.
- Stills.
- Mobile phone cameras.
- Any other photographic equipment.

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If for any reason you or the player named on this form are not able to have imagery or photographs taken and used, **it is your sole responsibility to inform RJK** by deleting YES in the consent section.

## PHOTOGRAPHY AND IMAGERY CONSENT\*

### 17 YEARS and below

Do you give permission for your daughter or son (***who is Under 18 years of age***) to have photograph and imagery taken and to be used by RJK and the British Judo Association via any of the forms mentioned. **Yes / No**

*(Please delete as appropriate)*

|                       |        |
|-----------------------|--------|
| Signature of Mother*: | Date*: |
| Signature of Father*: | Date*: |
| Signature of Carer*:  | Date*: |

### 18 YEARS and above

Do you give permission for you (***whom is 18 years and over***) to have photograph and imagery taken and to be used by RJK and the British Judo Association via any of the forms mentioned. **Yes / No**

*(Please delete as appropriate)*

|                       |        |
|-----------------------|--------|
| Signature of Player*: | Date*: |
|-----------------------|--------|

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## DECLARATION\*

All Members, Officials, Affiliates, Visitors and Spectators are required to adhere and follow all RJK & BJA policies, procedures and codes of conduct and any other health and safety guidance given at all times there are no exceptions to this prerequisite. **The below section must be completed and signed.**

*Upon signing and completing this section of the form, you are declaring that all information supplied on this form is present and correct to the best of your knowledge and that you are agreeing to adhere to all BJA and RJK policies, code of conduct and rules.*

### 18 YEARS and above

Name

Signature

Date

### 17 YEARS and below

Name of Parent/  
Carer or  
Guardian

Print name  
of child / ward

Parent/Carer or  
Guardians  
Signature

Date

*Any members, officials and visitors whose details/circumstances change from the initial point of when they completed their RJK Visitors, Medical, Photography and Imagery Permissions Disclosure Form must ensure that their credentials are current. The individual is solely responsible to notify, provide and record any updates. RJK will not be held responsible if any changes are not disclosed, which lead to consequential issues.*