

British Judo Association-Medical Notification Form

(Player unconscious by anything other than Shime-Waza)

The Player named below was unconscious at the event named below and has been advised by the Tournament Organiser that they are **INELIGIBLE to enter ANY EVENT or TAKE PART IN ANY FORM OF TRAINING/SPORT or CLUB SESSIONS for the following 4(FOUR) WEEKS**

*** All sections of this form must be completed(Where applicable)*

Event		Date of Event	
Venue		Players Club	
Players Name		Licence No.	
Address (Check Entry Form)			
		Telephone No.	
Parents Name (If Player is Under 16 years of age)			
Club Coach			

Date Exclusion Starts		Date Exclusion Ends	
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DECLARATION

*I as the Coach/Parent of, or the Player named above agree that I will abide by the rules of the British Judo Association and *will not/let the Player* enter any event or train at any Sport/Club Sessions for the next 4(Four) Weeks.*

If I as a Player/I as the Parent or Coach allow the Player to* take part in any form of Training or event *I/they* will do so at * my/their* own risk and therefore if injured during this period will forgo any claim for injury by myself or any party acting on* my/their* behalf during the dates stated for exclusion.*

**Delete as necessary*

Signatures

Player		Date	
Parent (If Player is Under 16)		Date	
Coach (If Parent not in attendance)		Date	
Medical Representative		Date	
Tournament Organiser (Competition Controller)		Date	

This form must be sent by Fax to Head Office to arrive the day after the event and the original returned with the Tournament Licence within 7 days after the event. Please remember to keep a copy for your files and give a copy to the Parent/Coach or the Player named above. ***British Judo Association Fax Number: 01530 631680***

Received by		Date received	
File/Folder Number			
Action Taken			

