

## Locus Parentis Form 2019

Name of Judo Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Details of Parent/Guardian to Contact in Case of Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

Phone (m): \_\_\_\_\_ E-mail: \_\_\_\_\_

### Details of another person to contact if parents/guardians are unobtainable:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

Phone (m): \_\_\_\_\_ E-mail: \_\_\_\_\_

### Please state any medical condition(s) and any regular medication(s) taken:

\_\_\_\_\_

\_\_\_\_\_

I hereby authorise representatives of the JudoScotland to act on my behalf, with regards to my/our child, in the event of an emergency and to sign on my/our behalf any consent form as required by medical or legal agencies in my/our absence. I also consent to my/our child submitting to doping control procedures as required. In addition to this I acknowledge that, at times, it may be necessary to transport my/our child in vehicles driven by the JudoScotland staff and I give consent for my child to use these travel arrangements.

If my/our child fails to meet the weight limit for their chosen weight category at an event under the auspices of the JudoScotland Squad, I hereby authorise the JudoScotland coaches to move my/our child up to the next weight category if they (the coaches) deem it is safe and appropriate to do so (and it is permitted by the competition organisers). I agree that if the JudoScotland coaches deem it is not safe and appropriate for my/our child to be moved up a weight category their entry will be withdrawn from the event.

We will use the information provided on this form so that we can provide competition in Judo for athletes on our performance development programmes by organising and managing entries and travel logistics for competitions organised by other Judo bodies and checking your personal information to ensure you are entered into the correct category. The full JudoScotland privacy statement can be viewed at [www.judoscotland.com](http://www.judoscotland.com).

**Signature of parent(s)/Guardian(s) if U18 OR signature of Player (if over 18):**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_