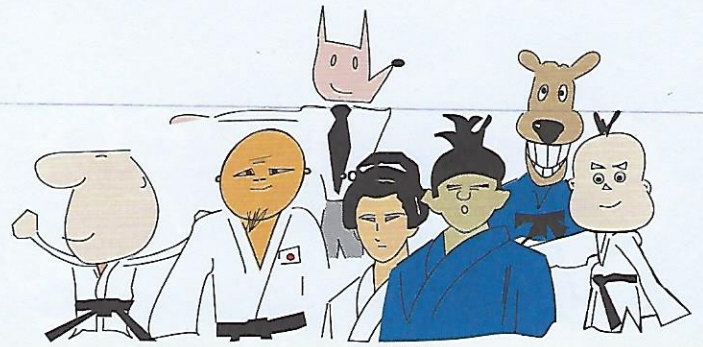




JUDO EDUCATION
www.judoeducation.co.uk



Wirral Office
: **Prenton**
07812 215 937
chris@judoeducation.co.uk

Head Office
St.Helens
01744 731747
carl@judoeducation.co.uk

Lancashire Office
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07738 408 731
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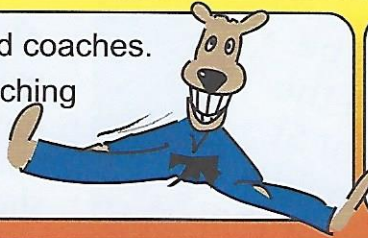
THE OLYMPIC SPORT OF JUDO IS COMING TO YOUR SCHOOL



What can Judo do for your child?

Self Defence • Increase Confidence • Increase Concentration
Self Discipline and Respect • Increased Health & Fitness

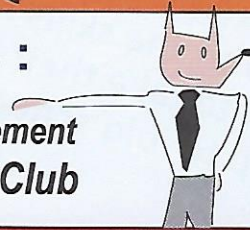
- The classes are taught by fully qualified coaches.
- They have extensive experience in teaching children of all ages and abilities.
- All Coaches are Fully DBS Cleared



There are multiple levels in our clubs. Each course your child can progress to their next skill level.

The Educational Judo course includes :

All Coaching Fees • Judo Suit hire • Certificate of Achievement
One FREE introductory session at your local Judo Club



| | | | |
|---------------------|---|--------------|--------------------|
| START DATE : | Tuesday 2nd November 2021 | TIME: | 8 to 8.45am |
|---------------------|---|--------------|--------------------|

Yes, I would like to enrol my child on the educational Judo Course. I understand that for safety reasons my child must not wear jewellery or accessories on the judo mat.
With all contact sports there may be a slight risk of injury. Please have your PE kit with you.
(Parental consent is given at time of payment).

| | |
|--------------------------------|----------------------|
| Forefield Junior School | COST - £26.00 |
|--------------------------------|----------------------|

| | | | |
|---------------------|---|--------------|--------------------|
| START DATE : | Tuesday 2nd November 2021 | TIME: | 8 to 8.45am |
|---------------------|---|--------------|--------------------|

"This is a 5 week Educational Judo Course"

**Payment to be made through the 'Forefield School Money System'.
Please do not send cash or cheques into school.**

| | | | |
|---------------------------------------|---|----------------|--|
| Childs Full Name : | | Class : | |
| Telephone No. | | | |
| Medical Information : | <i>Please list any medical conditions we should be aware of</i> | | |
| | | | |
| Parent / Guardians Full Name : | | Date : | |
| Parent / Guardians Signature : | | | |
| | | | |