

Judo Club Luxembourg
60, avenue Victor Hugo
L-1750 Luxembourg

info@judoluxembourg.lu



License application

(please use capitals to complete this form and join a proof of payment)

Last and first name of the applicant:

Last and first name of the legal representative ⁽¹⁾:

Birth date of the applicant: Nationality:

Address:

Telephone:

E-Mail address:

License number if exists :

The above mentioned person hereby requests a sports license of the Luxembourgish Federation of Martial Arts (F.L.A.M.), to acquire the active membership of the Judo & Jiu-Jitsu Club Luxembourg. She commits to scrupulously comply with the regulations issued by the F.L.A.M. and is aware of the fact that the F.L.A.M. does not take any responsibility in case of an accident.

If the applicant for the license is minor, his legal representative, with his signature, authorizes him to participate, when appropriate, in competitions respectively championships and has considered the above for him and on his behalf.

By my signature I grant my consent to the processing and storage of my personal data communicated in this form by the Judo Luxembourg to be used exclusively for internal uses and shall not be divulged to third parties for any reason, except the needed data to the F.L.A.M. for the purposes of establishing a sports license or the mutual sportsmen assistance fund (C.S.M.S.) for the purposes of reporting a sporting accident.

Place and date:

Signature ⁽²⁾:

FONDÉ EN 1950

No license will be ordered if the application is incomplete.

(1) To be completed if the applicant is minor.

(2) Signature of the legal representative if the applicant is minor.