**CONSENT TO THE DISCLOSURE AND EXCHANGE OF PERSONAL DATA**

I, the undersigned, Name and surname , give my consent for the following data to be communicated by the staff of Judo club name . communicate my following data :

- Full name,

- Date of birth,

- Home address,

- Gender

- Phone number,

- E-mail address,

to **Judo Québec** et **Judo Canada** federations**.**

This information will be used to identify me to the federations. They will be able to contact me if necessary for any judo activities in which I am registered and for any safety matters concerning me. Only certain employees of these federations will have access to my information, and they may not divulge it to other organizations without my consent.

I may withdraw my consent to the disclosure and exchange of information at any time.

Year/month/day

Signature of the person giving his consent Date

Name of club representative

Name of the club representative

Year/month/day

Signature of the club representative Date