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

I, the undersigned Name and surname , parent or holder of parental authority, of the following child or children Child or children name and surname give my consent to the staff of Judo club name . to communicate the following data about my child or children :

* Full name,
* Date of birth,
* Home address,
* Gender,

as well as my following data :

* Phone number,
* Email,

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

This information will be used to identify my child or children to the federations. They will be able to contact me if necessary for any judo activities in which he/she/they is/are registered and for any safety matters. 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