



Lady Boswells School Judo

Provided by CSF Ltd - Associated to Bushido Judo Club

Vic Court 5th Dan Blackbelt - BJA Level 3 Coach

Be Active! Have Fun! Learn Judo! It's Awesome!



Description <i>Autumn Terms Academic Year 2026 / 2027</i>	A FUN multi-skills activity that assists a child's fitness and general movement. Judo encourages Core Values. Respect, Discipline, Resilience, Friendship & Fair-play Great for General Wellbeing & improves Agility, Balance, Concentration & Co-ordination Judo provides Physical Recreation, Competitive Sport and is a Great foundation for Close Quarter Self – Defence. Judo is an Olympic Sport, Paralympic Sport and Japanese Martial Art.
When	Mondays: Term 1: Sep: 7. 14. 21. 28. Oct: 5. 12. Term 2: Nov: 2. 9. 16. 23.
Where	School Hall (Entry via Main Reception)
Time	8.00 am – 8.45 am
Ages	Children of Years 1 to Year 6
Costs	Five Week Block: £57.50 Ten Week Block: £99.00 (First Child £99.00 Siblings £89.10 each)
Payments	BACS: Acc Name: CSF Ltd Sort Code: 09 01 28 Account No: 36149042 Ref: LBJ (Name of Child) Cash also accepted
Contact Details	CSF Ltd 57 Parsonage Road, Tunbridge Wells, Kent. TN4 8TA Tel: 01892 549950 Mob: 07823 441460 Email: victorcourt.csf@gmail.com
Requirements	Long sleeved top – jogging bottoms or Judo Suit
Other Information:	No Jewellery should be worn. Finger and Toenails should be kept short and clean. Long hair should be tied back (No metal or plastic in hair ties) Girls should wear a plain white T-Shirt beneath Judo Jacket. No Collars or buttons.
Grading	British Judo Association membership required – Grading Fees £20.00
Please Note	An Email supplying all requested information is acceptable – Payments BACS or Cash <i>Lady Boswell's pupil's are the responsibility of Judo Club Staff until dismissed to the classroom. DBS checks undertaken by British Judo Association</i> British Judo registered Gradings are £20.00 – BJA Membership must be in place



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Academic Year 2026/2027

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Autumn Terms 1 & 2

Please tick box below

Name: DOB:..... Age: Sch Year: Male ☐ Female ☐

Address: Mobile No:

..... Emergency Contact:

Medical Information: Email Address:

Please use reverse side, if required

Please print clearly

Five Weeks ☐ Ten Weeks ☐ Fee Paid by: Bank Transfer ☐ **Date of Transfer.....** Cash ☐

I understand that Judo is a physical contact sport and that BJA membership is advised ☐

Parent / Guardian Name: Parent / Guardian Signature: