

Fudoshin Judo Club

Registration Form

Name:		
Date of Birth (dd/mm/yyyy):	Phone (Home):	Phone (Cell):
Judo Rank:	Sex: _____ Male _____ Female	
MCP Insurance Number:		
Current Address:		
City:	Province:	Postal Code:
Email Address:		
CONTACT IN CASE OF EMERGENCY		
NAME(S):		
TELEPHONE: home () Work/cell ()		
Liability Waiver		
In consideration of my acceptance as a member of the Fudoshin Judo Club, I do hereby remise, release and forever discharge the Fudoshin Judo Club, Newfoundland & Labrador Judo Association and Judo Canada, their agents, officers, principals, successors and assigns, and any other persons, firms, associations or bodies corporate participating in or connected with a practice session, or games, or other events of this sport, if and from all manners and actions, causes of actions, claims or demands against the Fudoshin Judo Club, Newfoundland & Labrador Judo Association, and Judo Canada which I now have or can, shall or may hereafter have, for or by reason of participating in a practice session, or game, or other event of this sport for any loss, or damage or injury sustained, or in respect of the loss of any equipment used.		
Signature of Applicant:		Date:
(Signature of Parent or Guardian if under 19 years)		Date:

Please complete the following information for club use

Name: _____

Do you suffer from an illness or an allergy: YES NO

If yes, please specify: _____

Do you have to take special medication? YES NO

If yes, please specify: _____

If you have other physical problems or conditions, please specify:

Have you ever had an operation? YES NO

If so, please specify: _____

How would you describe your general state of health?

EXCELLENT VERY GOOD GOOD AVERAGE POOR

What other athletic activities do you take part in or have taken part in?

How did you find out about this judo club?

Newspaper Which one? _____

Radio Which station? _____

Television Which network? _____

Poster Where? _____

Other Please specify _____