



## REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NO.s 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_ NAME & RELATION: \_\_\_\_\_

DOB: (mm-dd-yy) \_\_\_\_\_ AGE: \_\_\_\_\_

Will you allow PHOTOS, taken in class, tournaments, or other, of you to be published on our webpage or in the newspaper? (circle one) YES NO

KIDS PARENT'S NAMES - FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ALBERTA HEALTH CARE NUMBER: \_\_\_\_\_ APPROX. WEIGHT: \_\_\_\_\_

PERTINENT HEALTH CONCERNS: \_\_\_\_\_

JUDO CANADA PASSPORT # (if applicable): \_\_\_\_\_ RANK: \_\_\_\_\_

REASON FOR DOING JUDO: \_\_\_\_\_

### STATEMENT OF RELEASE

In consideration of your acceptance of this application, I/we hereby for myself, my heirs, executors, administrators and assigns do hereby remise, release and forever discharge the KITA KAZE JUDO CLUB, JUDO ALBERTA, JUDO CANADA, their agents, officers, principals, successors and assigns, and any other persons, firms, associations or bodies corporate participating in or connected with the KITA KAZE JUDE CLUB of and from all manner of actions, causes of actions, claims or demands against the KITA KAZE JUDO CLUB, and the afore mentioned parties, I the applicant, ever had, now have or can, shall or may hereafter have, for or by any reason by joining the KITA KAZE JUDO CLUB, or for any loss, damage or injury sustained by the applicant or in respect of the loss of any equipment by the applicant during his/her enrollment with the KITA KAZE JUDO CLUB.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ / \_\_\_\_\_

FATHER MOTHER

SIGNATURE if over 18: \_\_\_\_\_ DATE: \_\_\_\_\_

2011-2012