

St. Albert Judo Club

2008– 2009 Adult Registration Form

SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____
street city postal code

PHONE NO: (home) _____ E-MAIL: _____

EMERGENCY CONTACT NAME & PHONE NO.: _____

ALBERT HEALTH CARE NO. _____

Health concerns, allergies, medications which instructors and tournament supervisors need to be aware of are:

AGE: _____ BIRTH DATE: _____

WEIGHT: _____ kg HEIGHT: _____ cm. GENDER: _____

CURRENT BELT RANKING _____ DATE LAST PROMOTED _____ JUDO CANADA PASSPORT NO. _____

Please read this portion of the form carefully. It affects your rights!

While every effort is made to ensure that the sport of Judo is as safe for its participants as possible, it does involve strenuous physical activity and substantial bodily contact between participants and as such involves significant risk of physical injury. As it is impossible to avoid all risks of physical harm associated with the sport of judo, all adults who wish to join the St. Albert Judo Club must sign the following Release form.

Release, Indemnity, Waiver and Voluntary Assumption of Risks

In consideration of my being accepted as a member of the St. Albert Judo Club, and in consideration of my being allowed to participate in classes, club events or in any competition, I, for myself, my heirs, executors, administrators and assigns, do hereby voluntarily assume any and all risks, both known and unknown, associated with my participation in the sport of Judo, and I hereby release and discharge the St. Albert Tokai Judo Society also known as St. Albert Judo Club, the Alberta Kodokan Black Belt Association, their respective officers, employees, agents, referees, instructors, coaches, members and representatives (hereafter collectively referred to as the "Releasees") from all and any claims, demands, actions, causes of action, costs or expenses in respect of death, injury, loss or damage to my person or property, however caused, arising out of or in connection with my attending, participating in, practicing for, receiving instruction or competing in the sport of Judo, or arising out of or in connection with my traveling to or from any Judo training, demonstrations, tournaments and or championships, notwithstanding that the loss or damage may have been caused by or contributed to by the negligence, breach of contract, breach of duty of care as occupier of premises, or otherwise, of the Releasees or any of them.

Further, I certify that:

1. I am in good physical condition and have no injury or disease that would increase the risk of physical injury arising from my participation in the sport of Judo.
2. No physician, nurse, therapist, or other medical expert or practitioner has advised me that I should not compete in body contact sports, in strenuous physical activities, or the sport of judo.

Signature of Applicant

Date