



2009-2010 Minor's Registration Form

SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____
street city postal code

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

PARENTS NAMES: _____

PARENTS ADDRESS (if different from above) _____

EMERGENCY CONTACT NAME & PHONE NUMBER: _____

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: _____ BELT LEVEL: _____ DATE OF LAST PROMOTION: _____

Please read and complete 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, the parents/guardians of minors 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 _____ (the "child") being accepted as a member of the St. Albert Judo Club, and in consideration of the child being allowed to participate in classes, club events or in any competition, we, for ourselves and for and on behalf of the child do hereby voluntarily assume any and all risks, both known and unknown, associated with the child's participation in the sport of Judo, and we 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 the child's person or property, however caused, arising out of or in connection with the child attending, participating in, practicing for, receiving instruction or competing in the sport of Judo, or arising out of or in connection with the child 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, we certify that:

1. The child is in good physical condition and has no injury or disease that would increase the risk of physical injury arising from the child's participation in the sport of Judo.
2. No physician, nurse, therapist, or other medical expert or practitioner has advised me that the child should not compete in body contact sports, in strenuous physical activities, or the sport of judo.
3. We are the father and mother of the child or the legal guardians of the child and are the persons lawfully entitled to act for and on behalf of the child
4. We agree that this document shall be binding on the child, ourselves, and the heirs, executors, administrators, assigns and personal representatives of each of us.

Signature of Father/guardian Date

Signature of Mother/guardian Date