

JUDO CLUB ENROLLMENT FORM

FIRST NAME LAST NAME

DATE OF BIRTH GENDER

ADDRESS _____

TOWN/SUBURB _____

POST CODE _____

PHONE _____

EMAIL _____

JUDO GRADE _____

WHERE QUALIFIED _____

ANY PHYSICAL DISABILITIES / ILLNESS _____

EMERGENCY CONTACT: NAME _____ PHONE _____

I understand that Judo is a full contact sport and although the coaching staff takes all care and safety precautions, injuries may occur. I accept total responsibility for any injury which may be sustained by me, my son/daughter/ward, while taking part in judo classes or competitions and I will not take any legal action or make any financial claims against the Judo Federation of Australia its members, the club, or any coaching staff.

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Signature: _____ Date / /

Parent / Guardian , consent (if under 18) _____

Print Name Here _____

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Office Use Only

Club Fees				
Year/Sem	Amount	Date	Payment Method	Ref#

Insurance				
Org	Amount	Date	Payment Method	Ref#

Judo Suit				
Size	Amount	Date	Payment Method	Ref#