



Individual Membership Registration Form

Print neatly and provide ALL details.

Conditions of membership: Your request for membership with Judo BC represents your agreement to abide by the rules, regulations, policies and codes of Judo BC, including but not limited to, the agreement to submit to a criminal records review, upon request.

Surname: _____ First Name: _____

Mailing Address: _____

City: _____ Postal Code: _____ Phone: _____

Email: _____ Birth date (YYYY-MM-DD): _____

Gender: M or F Disable: Yes or No Aboriginal Descent: Yes or No

I am a (check one):

Canadian Citizen Permanent Resident Landed Immigrant Other (specify): _____

Judo Canada Passport #: _____ Rank: _____

Primary Role: (rank 1 to 4 if applicable) Athlete Club Coach Referee Volunteer

Awareness and Assumption of Risk

I am aware that Judo involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Judo BC, its directors, officers, staff, officials and volunteers, other participants and owners of the facilities where activities occur. I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration of Judo BC accepting my application to participate in Judo activities, I agree:

1. To waive any and all claims that may I have in the future against Judo BC and others.
2. To release Judo BC and others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify Judo BC and others from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
4. To allow the use of my name, photographic image, and relevant personal information for the promotion of judo in the media, judo related publications & websites, and for use by governing judo associations, when deemed appropriate by Judo BC.

Aboriginal Descent and Disable status information is collected solely to assist Judo BC in applying for additional funding opportunities.

Citizenship status is collected solely to assist in determining Judo Canada membership category.

Adult (18 years of age and older): Dated: _____

Name of Applicant (print) Signature of Applicant Name of Witness (print) Signature of Witness

Minor (under 18 years of age): Dated: _____

Name of Guardian (print) Signature of Guardian Name of Witness (print) Signature of Witness

Club Registrar Signature Date

Victoria Judo Club Medical Information

Member's Surname: _____ First Name: _____

Birthdate: _____ E-mail: _____

Telephone: _____ Other Phone: _____

Emergency contacts:

Name: _____ Relationship: _____

Telephone - Day: _____ Evening: _____

Doctor's name & phone #: _____

Medical Number: _____

Relevant medical history:

Medications:

Allergies

Do you carry and know how to administer your medication: _____

Previous injuries:

Other conditions (braces, contact lenses, etc.):

NOTE: medical information will be kept confidential

Signature of applicant or parent/guardian of minor

Date