REGISTRATION FORM UNDER 18 YEARS OF AGE	
FIRST NAME	
FATHER'S NAME	_
WORK PHONE FATHER	
TE OF BIRTH (DD-MM-YY)	_
ALTA HEALTH CARE #	
ONS THE INSTRUCTOR SHOULD BE AWARE	

BINGO NOTICE

The Judo Club is a **NON-PROFIT ORGANIZATION** and our fees are very low. In order to fund our organization, we work bingos each month. Please contact the club for the number of bingos required.

We also ask that you supply post dated cheques for \$100 each for each required bingo. These cheques will be returned to you as your bingos are completed.

Please sign (if under 18 have parent sign) the bottom of this form to acknowledge your responsibility.

I_____, hereby agree to provide the volunteer bingo worker required.

Print name

SIGNATURE_____



TOKUGAWA JUDO CLUB UNDER 18 YEARS OF AGE

NOTICE: This is a legal document which must be properly completed and signed or your entry will not be accepted. PLEASE READ CAREFULLY. It affects your rights. If you do not understand it, obtain legal advice before signing.

RELEASE, INDEMNITY. WARRANTY. AND ASSUMPTION OF RISK

I/We agree for myself/ourselves and for and on behalf of the said child to assume all risks, both known and unknown, and all consequences thereof, arising out of or in connection with the said child competing or participating in this event and to adhere to all rules, regulations and conditions of this event.

I/WE CERTIFY THAT:

1. The said child is in good physical condition and has no injury, disease or disability nor has he/she injected or ingested anything that would impair his/her performance or physical condition or increase the likelihood of injury in competing or participating in this event.

2. No physician, nurse, therapist, trainer, coach, manager or other person has advised me/us not to allow the said child to compete or participate in a body contact sport or in this event.

3. I/We am/are familiar with the sport of Judo and the nature of a Judo contest. I/we am/are aware that there is a high risk of injury by the very nature of the sport.

4. We are the father and mother of the said child or the Guardian(s) of the said child and the only person(s) lawfully entitled to act for and on behalf of the said child.

THIS DOCUMENT SHALL BE BINDING UPON THE SAID CHILD, MYSELF/OURSELVES, THE HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS AND PERSONAL REPRESENTATIVES OF EACH OF US AND THE SAID CHILD.

I/We have read this document and I/we understand it fully.

SIGNATURES:

PARENT/GUARDIAN

PARENT/GUARDIAN

PRINT NAME

PRINT NAME

RELATIONSHIP TO CHILD

RELATIONSHIP TO CHILD

Instructions: This form is to be completed for all persons under the age of 18 years by the following persons:

(a) both natural parents of the child if living together.

- (b) both natural parents of the child if separated and no court order for custody has been granted.
- (c) both natural parents of the child if divorced and a court order grants joint custody.
- (d) both the natural parent and adopting parent of the child if married and if an adoption order has been granted.
- (e) both adopting parents of the child if an adoption order has been granted.
- (f) either the natural mother or natural father of the child if divorced or separated and being the parent who has sole custody of the child by court order.
- (g) all guardians of the child whether appointed by court order or who are guardians by law.
- (h) the natural mother of the child if the child is illegitimate and no court order has been granted giving custody to anyone else.