



TOKUGAWA JUDO CLUB
REGISTRATION FORM
OVER 18 YEARS OF AGE

2014-2015

SURNAME _____ FIRST NAME _____

ADDRESS _____

CITY _____

POSTAL CODE _____ HOME PHONE _____

PERSON TO NOTIFY IN CASE OF ACCIDENT _____

RELATIONSHIP _____ PHONE NUMBER _____

SEX (M,F) _____ DATE OF BIRTH (DD-MM-YY) _____

RANK _____ ALTA HEALTH CARE # _____

EMAIL(optional) _____

ANY MEDICAL CONDITIONS THE INSTRUCTOR SHOULD BE AWARE
OF _____

BINGO NOTICE

The Tokugawa Judo Club is a non-profit organization and our fees are very low. In order to fund our organization, we work bingos. Please contact the club to determine the number of bingos required. Workers must be 18 years of age or older.

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 the bottom of this form to acknowledge your responsibility.

I _____, hereby agree to provide the volunteer bingo workers required.

Print name

SIGNATURE _____



TOKUGAWA JUDO CLUB **OVER 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

IN CONSIDERATION OF the acceptance of my entry to compete in and/or my being permitted to participate in judo (hereinafter referred to as "this event"), I hereby release, remise and forever discharge, and agree to indemnify and save harmless The Alberta Kodokan Black Belt Association, Tokugawa Judo Club, the organizers of this event, their respective officers, executives, directors, officials, agents, servants and representatives (hereinafter referred to as "the Releasees") from and against all claims, actions, costs, expenses and demands in respect of death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my competing or participating in this event and notwithstanding that the same may have been caused by, contributed to or occasioned by the negligence, breach of contract, breach of a common duty of care as an occupier of premises, or otherwise, of or by the Releasees or any of them.

I agree to assume all risks, both known and unknown, and all consequences thereof, arising out of or in connection with my competing or participating in this event. I agree to adhere to all rules, regulations and conditions of this event.

I CERTIFY THAT:

1. I am in good physical condition and I have no injury, disease or disability nor have I injected or ingested anything that would impair my 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 not to compete or participate in a body contact sport or in this event.
3. I am familiar with the sport of Judo and the nature of a Judo contest. I am aware that there is a high risk of injury by the very nature of the sport.

THIS DOCUMENT SHALL BE BINDING UPON MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS AND PERSONAL REPRESENTATIVES.

I have read this document and I understand it fully.

DATE: _____ SIGNATURE: _____

PRINT NAME: _____