

# 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.

Club: \_\_\_\_\_ Nanaimo Judo Club \_\_\_\_\_ Season *i.e.* 2019-20: **2019-2020**

If returning member please provide: Judo Canada Passport #: \_\_\_\_\_ & Rank/Belt level: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Gender: M F

Birth date (MM/DD/YYYY): \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Visually Impaired: Y N Physically Disabled: Y N Aboriginal Descent: Y N

I am a (check one):

Canadian Citizen  Permanent Resident  Landed Immigrant Other (specify): \_\_\_\_\_

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

**If participant is Under 19 years of age, please complete the following:**

Parent/Guardian 1 Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Evening Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2 (optional) Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Evening Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

**If participant is 19 or older, please complete:**

Occupation (optional): \_\_\_\_\_

Please list any special skills you would be willing to share i.e accounting, first aid, marketing: \_\_\_\_\_

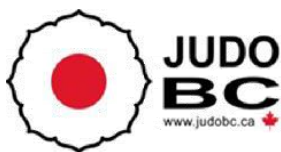
**Communication consent** - I consent to receiving electronic communication via email from Judo BC, including the bi-weekly e-Newsletter  Yes  No

**Yudansha (Black Belts) Only** - I consent to having my mailing address, telephone number & email address published in the Judo BC Black Belt Directory which is available in electronic format to clubs and Yudansha members.  Yes  No

Care Card Number: \_\_\_\_\_ Allergies and Medical Conditions: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_  
(In case Parents/Guardians unavailable)

Emergency Contacts Relation to Participant: \_\_\_\_\_



## Awareness and Assumption of Risk, Release of Liability, Waiver of Claims and Indemnity Agreement

### 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, member clubs, volunteers, Judo Canada, 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, its directors, officers, staff, officials, member clubs, volunteers, Judo Canada, other participants and owners of the facilities where activities occur.
2. To release Judo BC, its directors, officers, staff, officials, member clubs, volunteers, Judo Canada, other participants and owners of the facilities where activities occur 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, its directors, officers, staff, officials, member clubs, volunteers, Judo Canada, other participants and owners of the facilities where activities occur 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.

### Minor (under 19 years of age):

Date: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Guardian Name (Print): \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

### Adult (19 years of age and older):

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_