

Judo BC Membership Registration Form



Membership # _____

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: (_____) _____ Birth date (Y/M/D) _____/_____/_____

Rank: _____ Club: _____ Gender: M/F

Judo Canada Passport #: _____ **(Only those black belts that provide a passport number will be registered with Judo Canada)**

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.

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

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

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

Name of Guardian (print neatly) Signature of Parent/Guardian Name of Witness (print neatly) Signature of Witness

For Club Use Only:

Judo BC Fees \$ _____ Date Paid: _____

Club Fees: \$ _____ Date Paid: _____

Period: _____

Additional Fees: \$ _____ Date Paid: _____

OPTIONAL - For use by Club

In case of Emergency:

Contact: _____

Daytime Phone: _____

Evening Phone: _____

Medical #: _____

Clubs must submit payment with completed membership form to Judo BC:
4421 Prince Albert Street, Vancouver, BC V5V 4K1

*White Copy - Judo BC * Yellow Copy - Club * Pink Copy - Member*