



# RANK REGISTRATION

## IKKYU & YUDANSHA

Name in Full \_\_\_\_\_

(surname)

(given names)

Home Address \_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_\_ Work phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Postal Code \_\_\_\_\_ Judo Canada Passport No. \_\_\_\_\_

Birthdate \_\_\_\_\_

(year/month/day)

Occupation \_\_\_\_\_ Place of work \_\_\_\_\_

Former Dojo \_\_\_\_\_ Started Judo \_\_\_\_\_

Present Dojo \_\_\_\_\_ Date of Enrolment \_\_\_\_\_

(year/month/day)

Present Dojo Instructor: \_\_\_\_\_

Present Rank \_\_\_\_\_

Received Rank \_\_\_\_\_

(year/month/day)

Kodokan Rank Registration number(s) \_\_\_\_\_

What rank(s) have you received Kodokan Diploma(s) for? \_\_\_\_\_

Do you have NCCP Certification? Level \_\_\_\_\_

Date obtained \_\_\_\_\_

Do you have a Referee Certification? Level \_\_\_\_\_

Date obtained \_\_\_\_\_

I hereby certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature

Submit to the Chairperson of the Judo BC Grading Board, [grading@judobc.ca](mailto:grading@judobc.ca) or fax to 604-333-3514.