

# **Lethbridge Judo Club Registration**

**January 8 and 10**

Lethbridge Kyodokan Judo Club Dojo: 2775 28<sup>th</sup> Ave. South

Welcome to all new and returning members of the Lethbridge Judo Club. On behalf of Mrs. Senda, the coaches and board members, we would like to extend a warmest greeting. We hope judo will be a rewarding experience for you. If you have any questions or concerns during the year, please contact any member of the executive/board of directors. Contact information is available on our website at [www.lajudo.com](http://www.lajudo.com)

## **Registration instructions:**

Please complete/check the information on the registration form. Date and sign the release/waiver form, and complete a health history form. New members will also need to complete privacy and information release forms ***Most of our communication is via e-mail. Ensure your e-mail address is clearly entered to receive timely information.***

**There is no required fundraising participation.** Members are encouraged to support various fundraising activities and assist in club functions, but there is no mandatory activity.

*Registration fees for Junior and Senior/Advanced categories are determined by year of birth. **The decision of which class a student will attend is assigned to the club Head Coach, in discussion with the student and/or parents.***

<b>Class</b>	<b>Year of Birth</b>	<b>Cost</b>
Pre-Judo	2011-2012	\$150
Beginner	2010 or earlier	\$350
Junior	2005 to 2009	\$350
Recreational	2003 or earlier	\$350
Senior/Advanced	2004 or earlier	\$425

**Payment options:** The club will accept up to 3 post-dated cheques, cash, e-transfer or credit to cover the entire membership cost. Please make the first cheque payable at the time of registration.

<b>2018 Schedule</b>			
Pre-Judo	Winter session (Jan - Apr)	Thursday	4:30-5:00 PM
Beginner	January – Mid/Late May	Wednesday & Saturday	5:00-6:00 PM & 9:30-10:30 AM
Junior	January – Mid/Late May	Tuesday & Thursday	5:00-6:15 PM
Intermediate	January – Mid/Late May	Monday & Wednesday & Saturday	5:00-6:30 PM 6:00-7:30 PM 10:30-Noon
Senior Beginner & Recreational	January – Mid/Late May	Monday & Wednesday	8:00-9:30 PM 7:30-9:00 PM
Senior & Advanced	January – Mid/Late May	Monday & Tuesday/Thursday Friday	6:30-8:00 PM 7:15-9:00 PM 6:00-8:00 PM



# Lethbridge Kyodokan Judo Club 2018 Winter Registration

Registrant Information				
First Name		Last Name		Birthday (yyyy-Mon-dd)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Personal Health Care #	Rank (leave blank if you're new to judo)	
Address			City	
Postal Code	Phone	E-mail (Leave blank if you do not wish to receive emails from the club)		

Category		
	Class	Cost
<input type="checkbox"/>	Pre-Judo	\$150
<input type="checkbox"/>	Beginner	\$350
<input type="checkbox"/>	Intermediate	\$350
<input type="checkbox"/>	Junior	\$350
<input type="checkbox"/>	Recreational	\$350
<input type="checkbox"/>	Senior/Advanced	\$425

Parent / Guardian Information (If registrant is under 18)			
First Name		Last Name	Phone
First Name		Last Name	Phone
Emergency Contact (Only if different from Parent / Guardian)			
First Name		Last Name	Phone

Office Use Only	
<input type="checkbox"/> E-Transfer _____ <input type="checkbox"/> Cash _____ <input type="checkbox"/> Cheque _____ <input type="checkbox"/> Multiple cheques - cheque # (____), (____), (____), (____), (____) <input type="checkbox"/> Credit	Notes



# Lethbridge Kyodokan Judo Club

## Health History

First Name	Last Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Personal Health Care #		Physician	Physician Office Phone
<b>If you have had any of the listed conditions please check all that apply &amp; give a description</b>		<b>If you have been injured in any of the following areas please check all that apply &amp; give a description</b>	
<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Arthritis <input type="checkbox"/> Chest Pain <input type="checkbox"/> Concussion <input type="checkbox"/> Diabetes <input type="checkbox"/> Hernia <input type="checkbox"/> Heart Attack <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Hypertension <input type="checkbox"/> Smoker (How Much?) <input type="checkbox"/> Stroke <input type="checkbox"/> Thyroid <input type="checkbox"/> Other:		<input type="checkbox"/> Arms <input type="checkbox"/> Abdomen <input type="checkbox"/> Back <input type="checkbox"/> Legs <input type="checkbox"/> Neck <input type="checkbox"/> Shoulders <input type="checkbox"/> Other:	
		<b>Are you currently taking any medication?</b>	
		Type:	Reason:
		Type:	Reason:
		Type:	Reason:
		Type:	Reason:
Are you currently under the care of a physician for any reason? if yes please describe			
Is there any physical condition that you have that could be aggravated by exercising or exerting yourself? If yes please describe			
If you are a new member, does your doctor have any objection to your beginning a new exercise program? If yes please describe			

<b>Release</b>	
<p>I know of no physical or medical condition which I, or my doctor, feel could be aggravated by my using the equipment and facilities or participating in activities sponsored by the club OR I agree to using the equipment and facilities or participating in activities sponsored by the club with the conditions noted above. I agree to advise club management in writing if any of the above information changes or if my doctor advises me to stop, reduce, or otherwise adjust my exercise regimen at the club. I will advise club management immediately if I injure myself in any way while on club property. The information I have given on this form is, to the best of my knowledge, complete and accurate.</p>	
Signature	Date (yyyy-Mon-dd)
If under 18 Signature of Parent / Guardian	Date (yyyy-Mon-dd)

*This is a legal document which must be properly completed and signed or your registration cannot be accepted. If you do not understand it, obtain legal advice before signing.*

**RELEASE, INDEMNITY, WARRANTY, REGISTRATION AND ASSUMPTION OF RISK**

In consideration of the acceptance of registration of \_\_\_\_\_,  
I for myself, hereby release, remise, and forever discharge, and agree to indemnify and save harmless the Alberta Kodokan Black Belt Association, the Lethbridge Judo Club and the 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, or myself, howsoever caused, arising out of or in connection with my practising, competing, or participating in any Club sponsored 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, for myself, arising out of or in connection with my practicing, competing or participating in any Club sponsored event.

I agree for myself to adhere to all rules, regulations and conditions of the Club.

I hereby certify that:

- 1) I am in good physical condition and have no injury, disease, or disability that would impair my performance or physical condition or increase the likelihood of injury in practicing, competing or participating in any Club sponsored event.
- 2) No physician, nurse, therapist, trainer, coach, manager, or other person has advised me not to practice, compete or participate in a body contact sport.
- 3) I am familiar with the sport of judo and the nature of a judo contest. I am aware 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 agree that I am bound by its terms. I further understand that it is compulsory and mandatory that this document be fully completed and signed as a condition precedent to my registration.

Dated on this \_\_\_\_\_ day of \_\_\_\_\_, AD 20\_\_\_\_\_.

If **age 18 or over**, please complete the following:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

If judoka is **under the age of 18** please complete the following:

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name



## Pipeda Agreement

1. The personal information you provide to your Judo club is collected under the authority of the PIPEDA (Personal Information Protection and Electronic Documents Act) privacy bill for Canada. It is used to determine your eligibility for competitive and recreational opportunities, age related events, for class placement, to facilitate your enrolment, to administer and evaluate programs/courses of benefit to athletes, coaches, Board Members, volunteers and referees, and for insurance and statistical purposes. In addition, personal information may be, from time to time, submitted to major funding bodies in order to verify registration and meet the funding requirements. This information will be transferred in a safe format. It will be password protected and will be sent as hard copy only.
2. Member clubs of Judo Alberta collect information from their members when they register to take part in a Judo program. Information is also collected from Board Members, volunteers, coaches and referees in order that the members can be registered with Judo Alberta and Judo Canada. Registration information required by these National Governing Body for Judo may include: name, age, birth date, address, gender, emergency contact information in case of accident or illness, competitive level attained and citizenship information.
3. Your club's Privacy Officer, as well as the Privacy Officer for JUDO ALBERTA, are responsible for your personal information, and the personal information concerning any minor children, and they ensure that all personal information is handled in a confidential manner, and all reasonable precautions are taken to avoid loss, theft or unauthorized access, disclosure, copying, use or modification. Any requests to view your personal information should be made in writing to the board appointed club privacy officer or the JUDO ALBERTA board appointed provincial Privacy Officer (JUDO ALBERTA, 11759 Groat Road, Edmonton, AB T5M 3K6) The JUDO ALBERTA privacy officer contact information will be posted at [www.judoalberta.com](http://www.judoalberta.com) in accordance with required notification procedures.

Please fill in and sign the following form, indicating that you allow the transmission of personal information from the Alberta clubs to the Judo Alberta office, and the subsequent transmittal of personal information as indicated in Paragraph 1 & 2 of this document. **Failure to submit this form will constitute denial of membership from Judo Alberta.**

Member Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Participant or Parent/Guardian if under 18 years: \_\_\_\_\_

### For Club Use Only:

Copy taken for Club Files Date:

Exclusion List Sent to JUDO ALBERTA Date:

### For JUDO ALBERTA Use Only:

Exclusion List Received Date:



## Image and Information Release Form

Members of Judo may have their image, likeness, name (excluding personal address, phone, fax number, and/or email address), province, city/town, and club, as well as rank within Canada used in publications and on the internet by JUDO ALBERTA as well as its agents and sponsors from time to time. When signing this form, athletes, volunteers, coaches, referees and, in the case of minors, their parent/guardian, agree that they have the authority to provide this authorization/approval to JUDO ALBERTA. A facsimile, a scanned and emailed copy, or a photocopy of this form shall be deemed to constitute an original signed document.

1. I allow the use of personal information as outlined above, and image in JUDO ALBERTA and Club Media, including newsletter, website, poster, brochure, video, sponsorship packages.

**YES (If yes, please sign and date the following form)**

**NO (If no, please indicate in question 2.0 if there are any media in which your, or your child's image, name or information may NOT appear.)**

2. This is a list of the media in which a likeness or information might appear. Please check all media which you **DO NOT** permit:

2.1 JUDO ALBERTA and/or Club Newsletter, including competition results, stories and games from athletes

2.2 JUDO ALBERTA and/or Club Website, including event celebrations and activities that take place in the province

2.3 JUDO ALBERTA and/or Club Poster

2.4 JUDO ALBERTA and/or Club Brochure

2.5 JUDO ALBERTA and/or Club Video

2.6 JUDO ALBERTA and/or Club Sponsor Package

Member Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Participant or Parent/Guardian if under 18 years: \_\_\_\_\_

If Photographs of the athlete are provided to JUDO ALBERTA or to your club, please send each photograph together with the photographer's express written permission for JUDO ALBERTA or your club to use the photograph(s) on the internet, in publications related to Judo, and in sponsorship materials for Judo.

**Failure to submit this form will constitute denial of membership from Judo Alberta.**

For Club Use Only:

Copy taken for Club Files Date: \_\_\_\_\_

For JUDO ALBERTA Use Only:

Exclusion List Received Date \_\_\_\_\_