



Airdrie Judo Club Registration Form

Student's Name		Date	
Address		City	Postal Code
Home Phone	Work Phone	Cell Phone	
Student Email Address		Parent/Guardian Email Address	
Date of Birth	Alberta Health Care # (Required <u>prior</u> to class participation)		
Physical Conditions: Disabilities, Contacts, Asthma, Allergies etc?			
Parent/Guardian Name(s) - Please include Address if Different from Above (Required for Invoice/Receipt Purposes)			

Airdrie Judo Club Release and Indemnity

(Registration cannot be accepted unless Release & Indemnity is signed/completed.)

Child (under 18 years)

In consideration of the acceptance of our application for the membership of (student) _____
 In the Airdrie Judo Club, and/or in consideration of the said child being allowed to participate in classes, club events or in any competition, we for ourselves, and for and on behalf of the said child, hereby release, remise and forever discharge, and agree to indemnify and save harmless the said club, and or its directors, agents, officers, members, organizers, teachers, instructors, coaches, referees, agents, officials, servants, representatives or any visitor, from and against all claims, actions, costs and expenses and demands in respect of death injury, loss or damage to the person or property of the said child, howsoever caused arising out of or in connection with the said child taking parting any class club event, or in any competition and notwithstanding that the same may be caused by, contributed to our occasioned by the negligence of the said club, its directors, officers, members, organizers, teachers, instructors, coaches, referees, agents, officials, servants, representatives or any visitor.

This release and indemnity shall be binding upon the said child, ourselves, their heirs, executors, administrators, assigns and personal representatives of each of us and the said child.

Parent/Guardian _____ (Signature)	Parent/Guardian _____ (Signature)
Name _____ (Please Print)	Name _____ (Please Print)
Date _____ (Day, Month, Year)	Date _____ (Day, Month, Year)

IN CASE OF EMERGENCY

Emergency Contact _____	Relationship _____	Phone _____
Emergency Contact _____	Relationship _____	Phone _____

***All fees and costs are NON Refundable.**



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Physical Conditions: Disabilities, Contacts, Asthma, Allergies etc?			
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Airdrie Judo Club Release and Indemnity

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Adult (18 years and over)

In consideration of the acceptance of our application for the membership in the Airdrie Judo Club, and/or in consideration of the said my being allowed to participate in classes, club events or in any competition, I hereby release, remise and forever discharge, and agree to indemnify and save harmless the said club, and or its directors, agents, officers, members, organizers, teachers, instructors, coaches, referees, agents, officials, servants, representatives or any visitor, form and against all claims, actions, costs and expenses and demands in respect of death injury, loss or damage to the person or property, howsoever caused, arising out of or in connection with my taking parting any class club event, or in any competition and notwithstanding that the same may be caused by, contributed to our occasioned by the negligence of the said club, its directors, officers, members, organizers, teachers, instructors, coaches, referees, agents, officials, servants, representatives or any visitor.

This release and indemnity shall be binding upon myself, my heirs, executors, administrators, assigns and personal representatives.

Student _____
(Signature)

Name _____
(Please Print)

Date _____
(Day, Month, Year)

IN CASE OF EMERGENCY

Emergency Contact _____ Relationship _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

***All fees and costs are NON Refundable.**

