

**New Competency Based NCCP  
Registration Form (Dojo Assistant)**

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*Participant Information*

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**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Judo Canada Passport Number:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

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*Participant Category*

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- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Coach/Entraîneur(e)                                       | <input type="checkbox"/> Evaluator/Évaluateur(trice)                                |
| <input type="checkbox"/> Learning Facilitator<br>Personne-ressource                           | <input type="checkbox"/> Master Evaluator<br>Formateur(trice) d'évaluateurs(trices) |
| <input type="checkbox"/> Master Learning Facilitator/Formateur(trice) de personnes-ressources |   |

**Name of Workshop or Activity :** \_\_\_\_\_

**Dojo Assistant**

(e.g. Part A/p. ex. Partie A)

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*Learning Activity*

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**Sport :** **Judo** \_\_\_\_\_

**Completion date of the workshop:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
D/J M/M Y/A

**Workshop Location/Lieu de l'atelier :**

**Saskatchewan**

City/Ville

Prov./Terr.

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

\_\_\_\_\_  
**Signature of Learning Facilitator**