

SOCAL JUDO ENROLLMENT FORM- Please print

Name (First, Middle, Last) _____

Profession _____

Address _____

City _____ Zip _____

Home phone # _____

Work phone # _____

Email address _____

Today's date _____ Birth date _____

Minor's Mother _____ Work phone # _____

Profession _____

Minor's Father _____ Work phone # _____

Profession _____

Should the instructor be aware of any medical, physical or learning problems? (i.e. asthma, epilepsy, heart problems, medication

taken, recent operation or fracture or any limiting problems, slow learner, dyslexia, single parent home etc.)

Emergency contact _____ Relationship _____

Phone # _____

INSURANCE WAIVER

Do you have health insurance? __ Yes __ No If no, discuss with the instructor the implications of participating in Judo without proper medical coverage. Be sure the instructor explains the coverage offered by the U.S. Judo Association (USJA.) Complete and sign the "**Insurance Waiver**" below ONLY if you don't have insurance and don't want the USJA insurance.

WAIVER: I have been explained and understand the full implications of my participating in SoCal Judo activities without proper medical coverage. I understand that there is always a risk of injury regardless of the safety measures taken by SoCal Judo instructors and coaches. I am aware that the USJA offers medical coverage. However, at this time, I don't wish the coverage offered by the USJA although I don't carry any other medical insurance.

Participant's signature

Parent's signature if participant is minor

Date

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LIABILITY WAIVER

In consideration of being permitted to participate in any way, including travel to and from, in any Judo tournament, practice, clinic and related events and activities of the U.S. Judo Association (USJA) and SoCal Judo, I hereby:

1. Agree that prior to participating, I will inspect the mats, the facilities and equipment to be used. If I believe that anything is unsafe, I will immediately advise the coach or supervisor of such conditions and refuse to participate.

2. Acknowledge and fully understand that I will be engaging in a contact sport that might resolve in serious injury, including permanent disability or death, and severe social and economic losses due not only to my own action, inaction or negligence, but also to the action, inaction or negligence of others, the rules of the sport of Judo, or the conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.

3. I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability or death, because I am aware of the risks involved in the sport of Judo. Furthermore, I understand that I shouldn't rely on the USJA or SoCal Judo to provide any medical or other insurance.

4. Release, waive, discharge and covenant not to sue the USJA and SoCal Judo, its administrators, directors, agents, coaches, and other employees of the organization, other participants, their parents, guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees," from any and all liability to each of the undersigned, his or her heirs, and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

5. Parents or legal guardians of minor participants additionally agree that they will instruct the minor participant as to the above warnings and conditions and their ramifications, and that they consent to the minor's participation.

I have read the above warning, waiver and release, understand that I give up substantial rights by signing it, and knowing this, sign it voluntarily. I agree to participate knowing the risks and conditions involved and do so entirely of my own free will.

Participant's signature

Parent's signature if participant is minor

Date

How did you find us?

☐ Member ☐ Sign ☐ Internet ☐ Flyer ☐ Coupon ☐ Vehicle ☐ Apparel ☐ Non-member ☐ Other

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MEMBERSHIP AGREEMENT

Now that you have chosen to join SoCal Judo, it is important that you fully understand what is expected of you as a member of the club and hereby agree to comply with the following:

1. Attend your scheduled practices.
2. Come to class on time, prepared to learn and practice.
3. Call ahead of time if you will not be in attendance.
4. Dues should be paid on time. There will be a \$10 late fee payments received after the second practice of the month.
4. Maintain proper hygiene: clean judo gi, trimmed nails (toes and fingers), clean feet.
5. Comply with the direction of the coach who is responsible for all training sessions.
6. Participate in all segments of training unless injury prevents this.
7. Prepare in advance and take promotion tests on time once a test date has been assigned.
8. **For private or semi-private lesson clients;** the block of classes you pay for up front must be used within a months timeframe. There will NOT be any credit given for unused classes. Missed classes can be made-up, provided there is availability on SoCal Judo's schedule. If you are partner training, a make-up session is an additional \$10/per class.
9. When training with others, remember to train fairly and always protect your partner.

Failure to abide by these rules, terms and safety measures may be grounds for termination of your SoCal Judo membership and/or certain training privileges.

Participant's signature

Parent's signature if participant is a minor

Date