

SCARBOROUGH DOJO - (AFFILIATE OF JUDO ONTARIO)
SEPTEMBER 2014 TO AUGUST 2015 PROGRAM
ANNUAL REGISTRATION & LIABILITY WAIVER

NAME: Last: _____ First: _____ Initial: _____
Street Address: _____ Apt. / Unit Number: _____
City: _____ Postal Code: _____ Province: Ontario
Birth Date: _____ Health Card: _____
Telephone (H): _____ Telephone (W): _____
E-Mail Address: _____
Judo Ontario Black Book Number: _____ Judo Canada Black Book Number: _____

LIABILITY WAIVER

IN CONSIDERATION OF REGISTRATION IN THE SCARBOROUGH DOJO JUDO CLUB, THE REGISTRANT, OR THE PARENT/LEGAL GUARDIAN IF REGISTRANT IS UNDER 18 YEARS OF AGE, DO HEREBY REMISE, RELEASE AND FOREVER DISCHARGE THE SCARBOROUGH DOJO JUDO CLUB AND ITS INSTRUCTORS, JUDO ONTARIO, THE CITY OF TORONTO AND ANY OTHER CLUBS, PERSONS' FIRMS, ASSOCIATIONS OR CORPORATE BODIES PARTICIPATING IN OR CONNECTED WITH ANY PRACTICE SESSION, EXHIBITIONS, GAMES, CONTESTS, TOURNAMENT MATCHES OR ANY OTHER EVENT OR EXERCISE CONNECTED WITH JUDO ACTIVITIES, FROM ANY CLAIM I THE REGISTRANT EVER HAD, NOW HAVE, OR CAN, SHALL, OR MAY HEREAFTER HAVE, FOR ANY LOSS, DAMAGE, INJURY OR DEATH SUSTAINED OR IN RESPECT OF LOSS OF ANY EQUIPMENT USED.

I HEREBY VERIFY THAT ALL SIGNATURES AND INFORMATION CONTAINED IN THIS FORM ARE LEGALLY CORRECT.

THE REGISTRANT OR PARENT/LEGAL GUARDIAN HAS READ AND UNDERSTOOD ALL OF THE ABOVE CONDITIONS.

Dated at: _____ this _____ day of _____ 2014

Registrant's signature: _____

Signature of parent or legal guardian (if under 18 years): _____

Name of parent or legal guardian (**please print**): _____

Please declare any chronic illnesses or disabilities: _____

Please declare any injuries which have required medical attention during the past 12 months:

PAYMENT: Annual Scarborough Dojo Fee _____
 \$150.00 (Born from September 1, 1996 to present)
 \$200.00 (Born August 31, 1996 and earlier)
Judo Ontario Fee (Please register on-line with Judo
Ontario or provide completed J.O. registration form & fee) _____

Please make checks payable to Jonathan Judah **TOTAL** _____

RECEIPT:

This is to certify receipt of \$ _____ from _____

Received by: _____ Date: _____