

SHOBUKAN JUDO CLUB REGISTRATION/RELEASE FORM

Use this form to join or renew membership

General Information (Please print)

Full Name:	
Home Address:	
Contact Phone #:	Cell Phone #:
E-mail:	
Sex: M or F	Date of Birth:
Occupation:	School/Employer:

Primary Parent/Legal Guardian Information (if different from above)

Full Name:	
Contact Phone #:	Relationship:
E-mail:	
Occupation:	Employer:

Secondary Parent/Legal Guardian Information (if different from above)

Full Name:	
Contact Phone #:	Relationship:
E-mail:	
Occupation:	Employer:

Emergency Contact Information (if different from above)

Full Name:	
Contact Phone #:	Relationship:
Full Name:	
Contact Phone #:	Relationship:

Personal Information

Medical Insurance Carrier:	Group No:
Physician:	Contact Phone #:
Preferred Hospital:	
Special health issues/problems:	

Release

I, _____, know and understand that participation in judo may result in physical injury and/or harm. However, in consideration of my acceptance into the Shobukan Judo Club, I hereby release it, its Board of Directors, management, instructors, representatives and members from any and all claims for damages or losses suffered or sustained by the Applicant, _____.	
Applicant Signature:	Date:
*Parent/Legal Guardian Printed Name and Signature:	Date:

*Signature required if Applicant under 18.