

SJL REGISTRATION FORM

This form only needs to be completed once per term

Which contest are you participating in?

Primary School

Please tick the appropriate box.

Secondary School

NAME (PLEASE PRINT).....DATE OF BIRTH..... AGE.....

SEX (circle) Male / Female WEIGHT (IN KGS)..... RANK OR BELT.....

SCHOOL..... TELEPHONE #..... EMAIL.....

The Event Director and his assistants undertake to exercise every precaution in administering this event. In the full understanding that judo is a contact sport and there is the possibility of injury, I do not hold the Queen’s Park Judo Club, the Event Director, his assistants and the facility’s administrators liable for any injury caused to myself or to my dependant(s) as a result of participation in this event. The Event Director reserves the right to refuse participation of any competitor if he feels that participation may affect the safety of the athlete or of other competitors. By completing this form I consent to participating in all SJL matches for the current term.

.....
SIGNATURE OF PARTICIPANT

OR

.....
SIGNATURE OF PARENT
IF PARTICIPANT IS UNDER 18 YEARS

.....
(DD/MM/YY)