KARDINIA JUDO CLUB 2014 MEMBERSHIP REGISTRATION

APPLICATION DATE:___/____/____

NAME:_____

DATE OF BIRTH: ___/___/___ AGE:_____ YEAR LEVEL:_____

SCHOOL:_____ HOUSE:_____

PREFERRED MEMBERSHIP: *please circle*

JOINING FEE: (*new members only*) **$50**

SEMESTER: **$140**

FULL YEAR: **$200**

I, _____ hereby give permission for my child _____ to practice judo with the Kardinia Judo Club. I understand and recognise that judo is a full contact activity and agree not to sue the club or it's coach in the event of injury.

Signed:_____

Contact Details:

Name of Parent or Guardian:_____

Phone (H):_____ Mobile :_____

e-mail address:_____

Please list any medical conditions of which you feel the coaches should be aware, eg asthma.

_____

_____

_____

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