

Vibank Judo Club Registration

Last Name: _____ First Name: _____

Judo Canada #: _____ Belt Color: _____

E-mail: _____

Address: _____ Postal Code: _____

Age: _____ Date of Birth: ____/____/____ Sex: M ___ F ___
Month / Day / Year

Health Insurance Number: _____

Home Phone (____) _____ Business Phone (____) _____

Do you suffer from illness or allergies? Yes ___ No ___ If yes, describe (please include food allergies): _____

Do you take medications? Yes ___ No ___ If yes, please list them: _____

Have you had any recent surgery? (within last year) Yes ___ No ___ If yes, what type? _____

Contact in case of emergency:

Family Name: _____ First Name: _____

Telephone: Home (____) _____ Business: (____) _____

I, _____ hereby join the club and accept the risks involved with the practice of Judo.

Signature: _____ Date: _____

(Parent or guardian if under 18 years)

Make cheques payable to Vibank Judo Club

**Vibank Judo Club Use
Only**

Judo Fees Paid:

Judogi Paid: