



Shining Together Judo

Participant Registration Form

Date: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Cell phone: _____

Date of birth: _____ Male ___ Female ___ Age: _____

Email: _____

Judo Program (circle one) Juniors Seniors Baby Judo(Judo parent required)

Do you have any prior martial arts experience: Yes No Which arts: _____

If participant is a minor, please provide contact information for both parents or guardian.

Father name: _____ Cell: _____

Email: _____

Mother name: _____ Cell: _____

Email: _____

(A waiver needs to be signed for each participating child.)

Emergency Contact: _____ Phone: _____

Do you have any underlying medical conditions/injuries that we need to be aware of: Yes No

If yes, please explain: _____

Consent for Medical Treatment

As the above named student or as the parent or legal guardian of the above-named student, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of myself or my dependent. (If the participant is under 18, the parent or guardian must sign.)

Signature: _____ Date: _____

Membership in the USJA is required within 30 days of start for participation and insurance.

