

HACHISAKURA JUDO CLUB INC MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Gender: Male Female *(circle one)*

Age:

Current address:

City:

State:

ZIP Code:

Home Phone:

E-mail:

Cell Phone:

Weight:

Height:

Regular Senior Membership
 Regular Junior Membership
 Non-Affiliated Membership
 Social Associate Membership

EMERGENCY CONTACT

Emergency Contact Name:

Address:

City:

State:

ZIP Code:

Relationship:

Phone:

PARENT INFORMATION (For Applicants under 18)

Name:

Address:

City:

State:

ZIP Code:

Home Phone:

E-mail:

Cell Phone:

SIGNATURES

I, the Applicant, state that I am 18 years of age or over. In consideration of being permitted to participate in any way, I acknowledge and agree to release, waive, and discharge, to the greatest extent permitted by law, HachiSakura Judo Club Inc from or for all claims, demands, and cause of actions or any other liabilities which may arise or be caused in whole or in part by the negligence of HachiSakura Judo Club Inc in conjunction with or arising out of membership with HachiSakura Judo Club Inc, and the action or lack thereof of HachiSakura Judo Club Inc, and agree that I know and understand the risks involved in the sport of Judo and do hereby assume these risks and accept the responsibility for any damages or injuries by engaging in the contact sport of Judo.

Signature of applicant:

Date:

I state that I am the parent/legal guardian of _____ (the Applicant), a minor. I agree to indemnify and hold harmless HachiSakura Judo Club Inc for any expenses incurred, claims made, or liabilities assessed against them as a result of any injury, death, or insufficiency or legal capacity. I consent to the Applicant's becoming a member of HachiSakura Judo Club Inc and participating in Judo practices, clinics, and events sanctioned or sponsored by HachiSakura Judo Club Inc.

Signature of parent *(for applicants under 18)*:

Date:

