

**BLACK BELT  
REGISTRATION  
\$100.00**

GST incl - GST# R107798092



**JUDO ONTARIO**

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**Judo Canada #**

**Yudansha Rank**

**Last Name**

**First Name**

**Sex**

**Address**

**City**

**Postal Code**

**E-Mail Address (please print very clearly)**

**Home Phone**

**Date of Birth**

**Club**

**Business Phone**

**NCCP**

**Referee Status**

**Technical**

**Practical**

**Theory**

**Sensei**

**Sensei's Signature**

**LIABILITY WAIVER**

This waiver **MUST** be signed by the registrant, or parent/guardian if the registrant is under 18 years of age.

In consideration of my acceptance as a member of Judo Ontario/Judo Canada, I do hereby remise, release and forever discharge Judo Ontario (also known as the Ontario Black Belt Association), its member clubs and Judo Canada (also known as the Canadian Kodokan Black Belt Association), their agents, officers, principles, successors and assigns, and any other persons, firms associations or bodies corporate participating in or connected with a practice session, competition or other event of this sport, if and from all manner of actions, causes or demands against Judo Ontario, its member clubs, and Judo Canada which I now have or can, shall or may hereafter have, for or by reason of participating in a practice session, competition or other event in this sport for any loss, or damage or injury sustained or in respect of the loss of any equipment used.

I hereby verify that all the signatures and information on this form to be correct and bearing the signature of a parent or legal guardian if a minor is involved. I have read and understood all the above conditions.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

Signed \_\_\_\_\_

Guardian (if judoka under 18 years of age) \_\_\_\_\_