



All cheques are to be payable to: Judo Ontario. No refund on cancelled registrations. NSF cheques will be assessed all bank charged incurred by Judo Ontario. Judo Ontario reserves the right to refuse membership into the Association on grounds stated in the Association By-laws. By submitting this form the member agrees to a possible police check, and the use photographs/video which may contain their image. The member agrees to abide by the rules, regulations, policies and codes of Judo Ontario.

# 2014-2015

## 18 and older Membership Registration/Renewal Form

### Personal Information

Judo Canada #: \_\_\_\_\_ Judo Ontario #: \_\_\_\_\_

First & Last name: \_\_\_\_\_

Affiliated Club Name: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Work Tel.: \_\_\_\_\_ Home Tel.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth:  Day / Month / Year Name of Sensei: \_\_\_\_\_ Signature

Disability (optional): \_\_\_\_\_ Aboriginal?:  Yes  No Gender:  Male  Female

### What is your current Rank?

- |  |                                       |                                     |  |
|--|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> White         | <input type="checkbox"/> Orange       | <input type="checkbox"/> Blue       | <input type="checkbox"/> Yudansha (indicate Dan grade) _____ |
| <input type="checkbox"/> White/Yellow  | <input type="checkbox"/> Orange/Green | <input type="checkbox"/> Blue/Brown |  |
| <input type="checkbox"/> Yellow        | <input type="checkbox"/> Green        | <input type="checkbox"/> Brown      | NCCP Level: _____  |
| <input type="checkbox"/> Yellow/Orange | <input type="checkbox"/> Green/Blue   |                                     |  |

### Select your membership type

Registration/Renewal categories are based on the Judoka's age as on December 31st, 2015

New  Renewal

Age Group	Born In	Fee*	Age Group	Born In	Fee*
<b>Mudansha (Non-Black Belt)</b>			<b>Yudansha (Black Belt and higher)</b>		
<input type="checkbox"/> U21	(1995-1997)	\$100	<input type="checkbox"/> U21	(1995-1997)	\$150
<input type="checkbox"/> 21+	(1994 and earlier)	\$100	<input type="checkbox"/> 21+	(1994 and earlier)	\$150
<b>Introductory (12 weeks)</b>			<b>Club</b>		
<input type="checkbox"/> Introduction (for new white belts only) \$5			<input type="checkbox"/> Annual Club Fee \$120		

\*Includes Judo Canada & Judo Ontario fees

Send cheques to, or to contact Judo Ontario:

6 Garamond Court, North York, Ontario, M3C 1Z5  
Tel.: 1 (416) 447-JUDO (5836) Toll Free: 1-866-553-JUDO (5836)

HST #: 10779 8092 RT0001

### Office Use Only

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cheque # \_\_\_\_\_

Cheque Date: \_\_\_\_\_ Processed: \_\_\_\_\_





# JUDO ONTARIO RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT (FOR THOSE 18 YEARS OF AGE AND OLDER)



## WARNING!

By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.

- 1 This is a binding legal agreement; therefore clarify any questions or concerns before signing. As a Participant in the programs, activities and events of Judo Ontario, the undersigned acknowledges and agrees to the following terms:

### Disclaimer

- 2 Judo Ontario and its directors, officers, committee members, members, employees, volunteers, participants, agents and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by a Participant during, or as a result of, the sport of judo and any program, activity or event of the Organization, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Check Here →

- I have read and agree to be bound by paragraphs 1 and 2.

### Description of Risks

- 3 I am participating voluntarily in the sport of judo and the activities, events and programs of the Organization. In consideration of my participation in the sport of judo and the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the sport of judo and the programs, activities and events of the Organization. The risks, dangers and hazards include, but are not limited to, injuries from:

- a) Executing strenuous and demanding physical techniques in judo;
- b) Dryland training including weights, running and massage;
- c) Vigorous physical exertion, rapid movements, quick turns and stops, and strenuous cardiovascular workouts;
- d) Exerting and/or stretching various muscle groups;
- e) Collisions, falling, tumbling or hitting any apparatus, the floor, mats or other surfaces;
- f) Physical contact with other participants;
- g) Striking participants and/or objects;
- h) Contact, colliding or being struck by other participants;
- i) Being thrown to the floor;
- j) Falls due to uneven or irregular surfaces;
- k) Failure to participate within one's abilities;
- l) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- m) Spinal cord injuries which may render me permanently paralyzed; and/or
- n) Travel to and from competitive events and associated non-competitive events which are an integral part of the Organization's activities.

- 4 Furthermore, I am aware:
- a) That injuries sustained can be severe;
  - b) That I may experience anxiety while challenging myself during the activities, events and programs;
  - c) That my risk of injury is reduced if I follow all rules established for participation; and
  - d) That my risk of injury increases as I become fatigued.

### Release of Liability

4. In consideration of the Organization allowing me to participate, I agree:
- a) That my physical condition has been verified by a medical doctor to participate in the sport of judo and in the activities, events and programs of the Organization;
  - b) To assume all risks arising out of, associated with or related to my participation;
  - c) To waive any and all claims that I may have now or in the future against the Organization;
  - d) To freely accept and fully assume all such risks and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the activities, events and programs of the Organization; and
  - e) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of my participation in the activities, events and programs of the Organization, due to any cause whatsoever, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence or breach of any duty of care of the Organization.

### Acknowledgement

- 5 I acknowledge that I have read this agreement and understand it, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Check Here →

- I have read and agree to be bound by paragraphs 3 -5.

Fill in Here →

\_\_\_\_\_  
Printed Name of Participant (Type or Print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date