

**SCARBOROUGH DOJO - (AFFILIATE OF JUDO ONTARIO)  
SEPTEMBER 2009 TO AUGUST 2010 PROGRAM  
ANNUAL REGISTRATION & LIABILITY WAIVER**

NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt. / Unit Number: \_\_\_\_\_  
City: Scarborough Postal Code: \_\_\_\_\_ Province: Ontario  
Birth Date: \_\_\_\_\_ Health Card: \_\_\_\_\_  
Telephone (H): \_\_\_\_\_ Telephone (W): \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Judo Ontario Black Book Number: \_\_\_\_\_ Judo Canada Black Book Number: \_\_\_\_\_

**LIABILITY WAIVER**

IN CONSIDERATION OF REGISTRATION IN THE SCARBOROUGH DOJO JUDO CLUB, THE REGISTRANT, OR THE PARENT/LEGAL GUARDIAN IF REGISTRANT IS UNDER 18 YEARS OF AGE, DO HEREBY REMISE, RELEASE AND FOREVER DISCHARGE THE SCARBOROUGH DOJO JUDO CLUB AND ITS INSTRUCTORS, JUDO ONTARIO, THE CITY OF TORONTO AND ANY OTHER CLUBS, PERSONS' FIRMS, ASSOCIATIONS OR CORPORATE BODIES PARTICIPATING IN OR CONNECTED WITH ANY PRACTICE SESSION, EXHIBITIONS, GAMES, CONTESTS, TOURNAMENT MATCHES OR ANY OTHER EVENT OR EXERCISE CONNECTED WITH JUDO ACTIVITIES, FROM ANY CLAIM I THE REGISTRANT EVER HAD, NOW HAVE, OR CAN, SHALL, OR MAY HEREAFTER HAVE, FOR ANY LOSS, DAMAGE, INJURY OR DEATH SUSTAINED OR IN RESPECT OF LOSS OF ANY EQUIPMENT USED.

I HEREBY VERIFY THAT ALL SIGNATURES AND INFORMATION CONTAINED IN THIS FORM ARE LEGALLY CORRECT.

Dated at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2009

Registrant's signature: \_\_\_\_\_

Signature of parent or legal guardian (if under 18 years): \_\_\_\_\_

Name of parent or legal guardian (**please print**): \_\_\_\_\_

Please declare any chronic illnesses or disabilities: \_\_\_\_\_

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**PAYMENT:** Annual Scarborough Dojo Fee \_\_\_\_\_  
\$150.00 (Born from September 1, 1991 to present)  
\$200.00 (Born August 31, 1991 and earlier)

Judo Ontario Fee (see Judo Ontario Registration Form) \_\_\_\_\_

OTHER ITEMS \_\_\_\_\_

*Please make checks payable to Jonathan Judah* TOTAL \_\_\_\_\_

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**RECEIPT:**

This is to certify receipt of \$ \_\_\_\_\_ from \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_