



## Nippon Judo Schools Enrollment Form

Name of Player:

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Date of Birth:

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Parent/Caregiver Name):

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Home phone:

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Mobile Phone:

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Alternate Mobile Phone:

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Address:

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Email Address:

*(Judo use only)*

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### Terms and Conditions

1. I hereby warrant that the above-mentioned person is in good health and is physically capable of doing judo. Please disclose in writing at the bottom of this form, if there are any medical issues that could have an influence on participating in judo.

2. It is agreed that the judo club, instructor/s or school, will not be held responsible for any injury or loss while undertaking judo activities, and that the injury or illness can be dealt with appropriately by such an instructor.

Signed:

\_\_\_\_\_  
**Player / Parent / Caregiver (Please indicate which)**

Date:

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