

NIPPON JUDO SCHOOLS

Enrollment Form

Name of Player : _____

Date of Birth : _____ Tel : Home _____

Home Address : _____ Mob (M) _____

_____ Mob (F) _____

E-Mail (Judo use only): _____

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 (by writing it at the bottom of this page) 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 injury or illness can be dealt with appropriately by such instructor.

Signed : _____
Parent/Care Giver

Date