



Southwestern Pennsylvania Judo, LLC.

202 East George Street
Carmichaels, PA 15320

724-966-5723
www.swpajudo.com

REGISTRATION FORM

Please Print or Type All Information

DATE: _____

Personal Information

NAME: _____ DOB: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ CELL PHONE #: _____ E-MAIL: _____

SCHOOL (optional): _____ GRADE/MAJOR (optional): _____

OCCUPATION (optional): _____

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Judo Background

YEARS IN JUDO: _____ CURRENT RANK: _____ RANK DATE: _____ AFFILIATION: _____

CERTIFICATION #: _____ PREVIOUS DOJO(S): _____

INSTRUCTOR(S) & RANK: _____

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Other Optional Information

Why do you want to learn Judo? _____

List any other martial arts that you have studied. Please include dates and ranks held.

What other sports have you played in the past or are currently involved in?

WARNING! LIABILITY WAIVER & RELEASE FORM

Completion Required for All Students and Participants

I, _____, of _____, acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social economic losses due to not only my own actions, inactions or negligence, but also to the action, inaction or negligence of others, the rules of the sport of Judo, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time. In consideration for instruction, and understanding that participation in Judo may result in harm to me, I, on my own behalf, and on behalf of the heirs, executors, and administrators of my estate, release and forever discharge any and all rights and claims I may have or which may hereafter accrue to me or my estate against Southwestern Pennsylvania Judo, its owners, officers, instructors, members and affiliations for any and all damages which I may sustain or suffer in connection with my participation in Judo at Southwestern Pennsylvania Judo, including injuries sustained or suffered while traveling to and from any Judo event in connection with Southwestern Pennsylvania Judo.

I HAVE READ THE ABOVE WARNING, WAIVER AND RELEASE, AND UNDERSTAND THAT I GIVE UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

PARTICIPANT *(Print Name)*

SIGNATURE

DATE

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FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER 18 AT TIME OF REGISTRATION)

THIS IS TO CERTIFY THAT I, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THIS PARTICIPANT, DO CONSENT AND AGREE TO HIS/HER RELEASE, AS PROVIDED ABOVE, OF ALL THE RELEASEES, AND, FOR MYSELF, MY HEIRS, ASSIGNS, AND NEXT OF KIN, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO MY MINOR CHILD'S INVOLVEMENT OR PARTICIPATION IN THIS PROGRAM AS PROVIDED ABOVE, EVEN IF ARISING FROM THEIR NEGLIGENCE, TO THE FULLEST EXTENT PERMITTED BY LAW. I HAVE INSTRUCTED THE MINOR PARTICIPANT AS TO THE ABOVE WARNING AND CONDITIONS AND THEIR RAMIFICATIONS.

Parent/ Guardian *(Print Name)*

Parent/Guardian SIGNATURE

DATE

Minor Participants Name

AGE

Emergency Information

1st EMERGENCY CONTACT:

NAME: _____ **RELATIONSHIP:** _____ **PHONE#:** _____

2ND EMERGENCY CONTACT:

NAME: _____ **RELATIONSHIP:** _____ **PHONE#:** _____

3RD EMERGENCY CONTACT:

NAME: _____ **RELATIONSHIP:** _____ **PHONE#:** _____

MEDICAL INSURANCE CARRIER(s): _____

IDENTIFICATION #(s): _____ **GROUP #(s):** _____



Medical/Health History (Check all that apply)

- Diseases of the heart and arteries
- Abnormal ECG
- High blood pressure
- Angina pectoris (chest pains)
- Epilepsy
- Stroke
- Anemia
- Abnormal chest X-ray
- Cancer
- Asthma or other lung disease
- Orthopedic or musculo-skeletal problems
- Diabetes
- Bleeding disorders
- Communicable diseases that can be transmitted through blood or other body fluids

Please explain any checked items above and any recommendations your doctor has made regarding vigorous exercise.

Consent/Authorization for Emergency Medical Treatment

I, the undersigned, give the instructors, staff, and responsible adults of Southwestern Pennsylvania Judo the power to authorize medical or other treatment of the student named:

_____, subject to the limitations listed below, if any. If I am not the named student, I am the parent, guardian or responsible adult for the named student, and I have legal right to grant this power. Treatment may be made without regard to whether I or any other parent, guardian or responsible adult has been contacted or has consented to the specific treatment, provided it does not conflict with the limitations outlined below. This authority begins on the date signed and continues indefinitely.

Limitations of treatment:

By granting my authorization, I assume responsibility for all decisions made, provided they are reasonable decisions under the circumstances based on the knowledge and understanding of the person making the decisions, and I trust their judgment and offer the benefit of the doubt to them in any claim or legal proceeding. This presumption may only be overcome by clear and convincing evidence that they acted with malice or willful gross negligence, and if so they may still be liable.

I understand that the instructors, senior students, or others may have some skills in first aid, CPR, and, at their discretion, I authorize them to use those skills and techniques to assist in any circumstances in which they judge their skills would be necessary or helpful.

Signature and Date: _____

Print Name and Relationship (if other than self): _____