



## JUDO ON THE ROCK Summer Judo Camp 2014 Registration Form

Name:		
Registration Option: Full Camp (\$100) _____ OR Evening Sessions Only (\$50) _____		
Camp Track (Pick one only) Competitive Judo Development _____ OR Refereeing & Kata _____		
Please make cheques payable to the "Newfoundland & Labrador Judo Association". Registration and payment must be received by the NLJA by August 15, 2014		
Year of Birth (yyyy):	Phone (Home or Cell):	
Judo Rank:	Sex: _____ Male	_____ Female
Judo Club and Province:	Judo Canada Membership #:	
MCP Insurance Number:	T-Shirt Size:	
Current Address:		
City:	Province:	Postal Code:
Email Address:		
<b>CONTACT IN CASE OF EMERGENCY</b>		
NAME:		
TELEPHONE: home		Cell
<b>Liability Waiver</b>		
In consideration of my acceptance as a participant of the Judo On The Rock Judo Camp 2014 I do hereby remise, release and forever discharge the Newfoundland & Labrador Judo Association, its members and clubs and Judo Canada, their agents, officers, principals, successors and assigns, and any other persons, firms, associations or bodies corporate participating in or connected with a practice session, or games, or other events of this sport, if and from all manners and actions, causes of actions, claims or demands against the Newfoundland & Labrador Judo Association, its member clubs, and Judo Canada which I now have or can, shall or may hereafter have, for or by reason of participating in a practice session, or game, or other event of this sport for any loss, or damage or injury sustained, or in respect of the loss of any equipment used.		
Signature of Applicant:		Date:
(Signature of Parent or Guardian if under 19 years)		Date:

**Please complete the following information for camp use**

Name: \_\_\_\_\_

Do you suffer from an illness or an allergy:       YES                       NO

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have to take special medication?       YES                       NO

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have other physical problems or conditions, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had an operation?                       YES                       NO

If so, please specify: \_\_\_\_\_  
\_\_\_\_\_

Have you ever had a concussion?                       YES                       NO

If so, please specify when and degree of severity:  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your general state of health?

EXCELLENT     VERY GOOD     GOOD     AVERAGE     POOR

Mail this form along with your registration payment to:

Newfoundland & Labrador Judo Association  
# 112, Unit 50, Hamlyn Road Plaza  
St. John's, NL  
A1E 5X7