

# BERARD JUDO ACADEMY



## REGISTRATION FORM

### Member Information

New Member	<input type="checkbox"/>	Updating Details	<input type="checkbox"/>
Full Name		Date of Birth	
Junior Boy	<input type="checkbox"/>	Junior Girl	<input type="checkbox"/>
		Senior Male	<input type="checkbox"/>
		Senior Female	<input type="checkbox"/>
Street Address			
Suburb		Postcode	
Email		Contact Number	

### Judo Victoria Incorporated (JVI) Insurance Information

JVI Membership Type	1 Month Trial Membership	<input type="checkbox"/>	1 Year Membership	<input type="checkbox"/>
JVI Membership Number				
JVI Financial to Date				

### Judo Experience

Have you practiced Judo before?

Club Name

Belt Grade

### How did you hear about Berard Judo Academy?

# BERARD JUDO ACADEMY



## REGISTRATION FORM

### In Case of Emergency

Name of First Emergency Contact

Contact Number

Relationship

Name of Second Emergency Contact

Contact Number

Relationship

My Doctor is

My Doctors Contact Number

My Doctors Clinic Name and Address is

### I have the following disability, special need or medical condition

### I have allergies to

### Agreement

I hereby confirm that the information provided by me herein is true and correct. By signing this form I understand that Judo is a full contact sport and injuries may happen; that Berard Judo Academy will deliver classes in a way to minimise and prevent injury. I understand that it's a requirement to obtain Judo Victoria Incorporated insurance cover in order to progress my membership with Berard Judo Academy.

I will abide by the [Judo Federation of Australia Rules and Regulations](#).

### Signature

Member OR

Parent/Guardian Signature

Date