2018-2019 Club Information Form

Submit by September 30, 2018 to registrar@judoalberta.com & judo@judoalberta.com

Club Name: _____
(As you wish it to appear on all correspondence)

CHECK IF INFORMATION IS UNCHANGED FROM LAST SEASON, SIGN WAIVER ACKNOWLEDGEMNT AT BOTTOM AND SUBMIT TO BOTH EMAILS ABOVE.

Club Mailing Address: _____

City: _____, AB **Postal Code:** _____

Head Instructor: _____ **NCCP Level**_____ **NCCP #**_____
(MUST BE a registered member with Judo Alberta and minimum Certified Level 1 NCCP-Dojo Assistant)

Home: _____ **Work:** _____ **E-mail** _____

Name of Sponsor (if required): _____ **NCCP Level**_____ **NCCP #**_____
(Sponsor is required for clubs where the Sensei is not NCCP certified or has only NCCP-Dojo Assistant) Sponsor MUST BE a registered Black Belt with Judo Alberta and minimum NCCP-Dojo Instructor.
Club Contact (Other than/or in additional to, Sensei): _____

Home: _____ **Work:** _____ **E-mail** _____

Club Web Page: http://www. _____

Location of Practice (including address) _____

Practice Time(s)

Day Of Week	Time	Level (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Judo Offered (circle): Competition Recreational Self Defense **Minimum Membership Age:** _____

Membership Cost (indicate month/season/year): Junior _____/person Senior _____/person

Do You Offer A Family Plan: YES NO **Details:** _____

Membership Payment Plan Available: YES NO **Fundraising Ventures of your Club:** _____

The above Club verifies that all participating members have signed a liability waiver.

_____ _____
Authorized Signature **Print Name**