



Female Training Camp Registration Form April 23 & 24, 2016

Hosted by: <u>Lethbridge Judo Club</u> 2775 28Ave. 5 Lethbridge, Alberta T1K 7L6

Time: Saturday April 23, 2016 Registration and welcome is from 11:30-12:30pm, Pick-up time is: 12pm on Sunday April 24.

Registration:

- 1) \$40 per participant (this will include food, lodging, activities and gift)
- 2) \$25 per chaperone (If you are not a judoka but want to chaperone for the weekend)
- 3) Release form must be filled out and sent with payment
- 4) Payment due with release forms.

Please make cheques payable to <u>Judo Alberta</u>

There are no age or belt restrictions so long as you are a member in good standing with Judo Alberta or another provincial judo association. Judo techniques and strategies will be presented from a female perspective. As well, this is a great opportunity for girls to get to know each other and spend some time with other female athletes.

Registration Deadline: Friday April 15th, 2016

Mail Release and payment to: Tammy Thornton

48 Howson Cres

Edmonton, AB, T5A 4T6

Please e-mail club registrations forms and any inquiries to: Mrst@telusplanet.net

Or call Tammy at: (780) 717-1797

Club registration form

Club name:						
Participants:		x	\$40.00 =			
Chaperones:	x\$25.00				Total: \$	
Name	Age	Rai	nk	Friday Y/N	Special Dietary needs	
Chaperone List:						
Name	Sleepover Y/N		Rank (i	f :	Special dietary needs:	

Under 18 MINOR WAIVER FORM

Name_	Club	
	RELEASE, INDEMNITY, WARRAN	TY, REGISTRATION AND
	ASSUMPTION (
being permitted the behalf of the said Association, Leth (hereinafter refedamage to the peparticipating in the said being the permitted that the said being	of the acceptance of	o as "this event"), I/we for myself/ourselves and for and on nify and hold harmless the Alberta Kodokan Black Belt directors, officials, agents, servants, and representatives venses, and demands in respect to death, injury, loss, or ing out of or in connection with the said child competing, or ontributed to or occasioned by the negligence, breach of
	sume all risks, both known and unknown, and all consequences thereof, for in connection with said child competing or participating in this event.	myself/ourselves and for and on behalf of the said child,
I/we agree for m	nyself/ourselves and for and on behalf of the said child to adhere to all re	ules, regulations and conditions of this event.
 The sa condition condit	ister the said child as a competitor or participant in this event and I/we all aid child is in good physical condition and has no injury, disease or disabilition or increase the likelihood of injury in competing or participating in the hysician, nurse, therapist, trainer, coach, manager, or other person has additionally all all all all all all all all all	ty that would impair his or her performance or physical is event. vised me/us not to allow the said child to compete or I/we am/are aware that there is a risk of injury by the ver
This document sh each of us and th	hall be binding upon the said child, myself/ourselves, the heirs, executors he said child.	, administrators, assignees and personal representatives of
	this document and I/we agree that the said child and myself/ourselves ar nandatory that this document be fully completed and signed as a condition	
DATE SIGN	NED	
SIGNATUR	RES	
	(PARENT/GUARDIAN/FATHER)	(PARENT/GUARDIAN/MOTHER)

INSTRUCTIONS: This form is to be completed for all persons under the age of 18 years by the following person(s):

both natural parents of the child if living together

- both natural parents of the child if separated and no court order for custody has been granted
- both natural parents of the child if divorced and a court grants joint custody
- d. both the natural parent and the adopting parent of the child if married and if and adoption order has been granted
- both adopting parents of the child in an adoption order has been granted e.

(PRINT NAME)

- either the natural mother or the natural father of the child if divorced or separated and being the parent who has sole custody of the child by court order
- all guardians of the child whether appointed by court order or who are guardians by law
- the natural mother of the child if the child is illegitimate and no court order has been granted giving custody to anyone else

(PRINT NAME)

ADULT WAIVER FORM

NameCli	ub
RELEASE, INDEMNITY, WARF ASSUMPTIO	RANTY, REGISTRATION AND
In consideration of the acceptance of my to participate in the 2016 Female Training Camp hereby release, remise, and forever discharge Lethbridge Judo Club and their respective organ agents, servants, and representatives (hereing against all claims, actions, costs, expenses, and damage to my person or property, however competing, or participating in this event and meaused by, contributed to or occasioned by the common duty of care as an occupier of premise them.	(hereinafter referred to as "this event"), I e and agree to indemnify and hold harmless nizers, officers, executives, directors, officials, fter referred to as "the releases") from and demands in respect to death, injury, loss, or bused, arising out of or in connection with my ot withstanding that the same may have been the negligence, breach of contract, breach of
I certify that: 1) I am in good physical condition and I have no or ingested anything that would impair my per likelihood of injury in competing or participat	formance or physical condition or increase the
2) No physician, nurse, therapist, trainer, coach to compete or participate in a body contact s	•
3) I am familiar with the sport of judo and the r is a risk of injury by the very nature of the s	•
This document shall be binding upon myself, my personal representatives	heirs, executors, administrators, assigns and
I have read this document and I understand it fo	ully.
DATED SIGNED:	
SIGNATUREPR	RINT NAME