Chicago Tenri Judo Dojo
Registration Form

Student's Name:_____
(First) (MI) (Last)

Address_____
(Street) (City) (ZIP)

Email Address: _____

Telephone _(____,_____ **Fax** _(____,_____

Date of Birth_____ **Sex** ☐ **M** ☐ **F** **Age**_____

Parent's Name_____/_____
Father Mother

Father's work #:_____ **Mother's work #:**_____

In Case of Emergency, contact_____ **Emerg Telephone**_____

Previous Judo experience_____ **Rank**_____

Names of Brothers and Sisters_____

History of physical conditions which might impair students ability to practice Judo:_____

_____

Fees: Initiation Fee: $25.00 **Total # of family members:**_____ **Monthly Fee:**_____

I have read the waiver of liability and understand that I give up substantial reights by signing these documents and knowing this, sign them voluntarily. I agree to participate knowing the risks and conditions involved and do so entirely of my own free will.

Participant's Signature:_____ **Date:**_____

Parent's/guardian authorization and signature:
(if under 18 Y/O)

_____
(mother)

_____
(father)

_____
(guardian)

Please attach current years waiver of liability. No student will be allowed on the mat unless both documents are signed by the participant and parent or guardian.

Please download this form from our website, type all the information in, sign it and bring it back to the club.

www.tenrijudo.com

For Judogi information, please go to our friends at:

www.hatashitasports.com

www.judounlimited.com