

Individual Membership Registration Form

July 1, 2020 to August 31, 2021

Conditions of membership: Your request for membership with Judo BC represents your agreement to abide by the rules, regulations, policies, and codes of Judo BC, including but not limited to, the agreement to submit to a criminal records review (adults only), upon request.

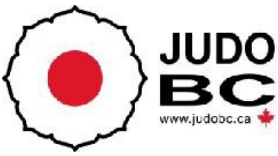
Club:	Date:
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Participant Information:

Surname (last name):	First name:
Email Address:	Phone number:
Address:	City:
Postal code:	Birthday (mm/dd/yyyy):
Gender:	Indigenous descent: Yes No This information is collected to assist Judo BC in tracking inclusiveness in programming and potential funning opportunities
Disability i.e. Visual impairment, spectrum disorder: This information is collected to assist clubs with planning, to assist Judo BC in tracking inclusiveness in programming and potential funning opportunities	
Are any modification required for the individual to participate in judo i.e. parent to provide tips regarding learning differences, helper required due to visually impairment:	
Citizenship: Canadian Permanent Resident Other: This information is collected to assist in determining you Judo Canada membership	
Health Number (Care Card, MSP#):	
Allergies:	
Medical Conditions (to be reported to an EMT in case of emergency):	
Recent Injuries (within the past 12 months):	
Older Injuries (i.e. concussion in 2010, ACL repair in 2016):	

Membership Information:

New member: Yes No	If returning, Judo Canada number:
Belt level/Rank:	Primary role (i.e. coach, participant):
Secondary role (i.e. coach, volunteer):	Tertiary role (i.e. volunteer, board member):
How did you hear about our club and/or Judo (friend, word of mouth, social media etc...)?	



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If Participant is under 19 years of age:

Parent/Guardian 1 name	Daytime Phone:
Evening Phone:	Email:
Parent/Guardian 2 (optional) name	Daytime Phone:
Evening Phone:	Email:

If Participant is 19 or older, please complete:

Occupation (optional):
Please list any specials you would be willing to share i.e. accounting, first aid, marketing etc...:

Emergency Contact (if participant is Under 19 years please provide a contact other than a parent listed above:

Emergency Contact Name	Emergency Contact relationship to participant:
Emergency Contact Phone (preferably cell phone):	

Consents:

<p>Communications: I consent to receiving electronic communications via email from Judo BC, including the bi-weekly e-newsletter. This newsletter doesn't include advertising and email addresses are never shared with advertisers. The newsletter consists of upcoming events, registration deadlines, information related to judo and sport i.e. nutrition, mental training, sport best practices, coaching courses, referee seminars etc... Individuals can unsubscribe at any time.</p> <p>Yes No</p>
<p>Yudansha Directory (Black belts only): I consent to having my telephone number, mailing address and email address published in the Judo BC Black Belt Directory which is made available to clubs and Yudansha members upon request.</p> <p>Yes No</p>
<p>Image: I agree to allow the use of my (my child's) name, photographic image, and relevant personal information for the promotion of judo in the media, judo related publications & websites, and for use by governing judo associations, when deemed appropriate by Judo BC.</p> <p>Yes No</p>

Please submit this form along with the signed Participant Agreement (waiver, release) directly to the club.

For more information about Judo BC including Bylaws, Policies and Procedures, COVID-19 Protocols etc... please visit <http://www.judobc.ca/club-and-membership-resources/>