



# BARBADOS JUDO ASSOCIATION

Affiliated to: - THE INTERNATIONAL JUDO FEDERATION, THE PAN AMERICAN JUDO CONFEDERATION, THE CARIBBEAN JUDO ASSOCIATION, THE BARBADOS OLYMPIC ASSOCIATION.

P.O.BOX 871, BRIDGETOWN, BARBADOS, WEST INDIES

## Junior Individual Membership Form

Under 18 years old

*Seryoku Zen'yo*

*Jita Kyohei*

**Surname:** \_\_\_\_\_ **Other Names:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender (M/F):** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Name of Judo Club:** \_\_\_\_\_

**Current Judo Rank:** \_\_\_\_\_

**Other Martial Arts Skills/Rank:** \_\_\_\_\_

**Instructing / Refereeing Experience:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Tel. Number (H):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent's Email Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Tel. No.:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

### Medical Data

Please indicate whether or not you have been treated for or suffer from any of the following ailments. If answer is 'yes' please give details on the back of this form.

|  |                |                                |                |
|--|----------------|--------------------------------|----------------|
| Dizziness, fainting or convulsions   | Yes ( ) No ( ) | Hernia                         | Yes ( ) No ( ) |
| Shortness of breath, asthma, respiratory disorder  | Yes ( ) No ( ) | Fractured /Broken bones        | Yes ( ) No ( ) |
| Chest pain, palpitation, high blood pressure, heart murmur, heart attack or other disorder of the heart or blood vessels | Yes ( ) No ( ) | Serious injuries or operations | Yes ( ) No ( ) |

*On behalf of \_\_\_\_\_ I \_\_\_\_\_ hereby agree that neither the Barbados Judo Association nor any member of the said Association shall be liable for any injury which he/she may sustain as a consequence of any of the Association's activities. I further agree to indemnify the Association, its associates and members against all actions, claims and demands in respect of such injury. I also agree that neither the Association, its associates nor its members shall be responsible or liable for any damage or loss of personal property.*

**Signed:** \_\_\_\_\_ **For:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Membership Fee:** \_\_\_\_\_

| FOR OFFICIAL USE ONLY                        |   |
|--|---|
| <b>Date Received:</b> _____                  | <b>Fee Paid: Y/N</b> _____              |
| <b>Date of Next Executive Meeting:</b> _____ | <b>Signature (BJA Secretary):</b> _____ |
| <b>Decision of Executive:</b> _____          |   |