



BARBADOS JUDO ASSOCIATION

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

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

Senior Individual Membership Form

18 years and over

Seryoku Zen'yo

Jita Kyoei

Surname: _____		
Other Names: _____	Weight: _____	
Date of Birth: _____	Gender (M/F): ____	Email: _____
Address: _____		
Tel. Number (H): _____	Tel. Number (W): _____	Occupation: _____
Employer: _____		
Address: _____		
Next of Kin: _____		
Address: _____	Tel. No: _____	
Name of Judo Club: _____		
Current Judo Rank: _____		
Other Martial Arts Skills/ Rank: _____		
Instructing / Refereeing Experience: _____		

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 ()

I _____ hereby agree that neither the Barbados Judo Association nor any member of the said Association shall be liable for any injury which I 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: _____ **Membership Fee:** _____ **Date:** _____

FOR OFFICIAL USE ONLY

Date Received: _____ **Fee Paid: Y/N** _____

Date of Next Executive Meeting: _____ **Signature (BJA Secretary)** _____

Decision of Executive: _____
