



NEW SOUTH WALES KODOKAN JUDO ASSOCIATION
 AFFILIATED WITH THE AUSTRALIAN KODOKAN JUDO ASSOCIATION



APPLICATION FOR MEMBERSHIP

I,..... Date of Birth:...../...../..... Age:.....
 (Full name of applicant)

Of..... State:..... Postcode:.....
 (Address)

Club:..... Rank: Yonen Dan
 Shonen Kyu

Email:.....
 Seinan

Occupation:..... Phone:.....

Desire to become a: Mobile:.....

Senior member

Fax:.....

Junior member

Rego number:.....

Of the New South Wales Kodokan Judo Association (NSW KJA)

Enclosed the annual membership fee of: **Senior member \$50** **junior member \$35**

Signature:..... Date:...../...../.....

I.....a member of the NSW Kodokan Association nominate the applicant who is known to me, for membership with the NSW Kodokan Association.

Signature of proposer:..... Date:...../...../.....

I.....a member of the NSW Kodokan Association nominate the applicant who is known to me, for membership with the NSW Kodokan Association.

Signature of seconder:..... Date:...../...../.....

Required ID, please attach copies

Birth Certificate or **Passport**

Drivers licence or **2x passport size photos**

Where did you hear about our school: Friend Paper Web. Other

AUSTRALIAN KODOAN JUDO ASSOCIATION (NSW)

WARNING, WAIVER & RELEASE OF LIABILITY & AGREEMENT TO PARTICIPATE.

In consideration of being permitted to participate in any way, including travel to & from a tournament, training & related events & or activities of the AUSTRALIAN KODOAN JUDO ASSOCIATION (NSW) & it's states & International affiliated bodies & clubs, coaches, trainers conducted at various venues throughout Australia, I hereby;

1: Acknowledge that I am familiar with the martial art event / training that I am entering & understand the rules governing the sport that I am entering & the importance of following the rules.

2: I agree that prior to participating in training or contest; I will inspect the Matts, equipment, facilities, contest pool & the lamination or scoring system to be used. If I believe anything is unsafe or beyond my capacity in any way, I will immediately advise my coach or supervisor of such conditions and refuse to participate.

3: I acknowledge and fully understand that I will be engaging in a dangerous contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses due to not only my actions, in actions or negligence, but also to the actions, in actions or negligence of others, the rules of the competition, or conditions of the premises, or of any equipment used. Further I acknowledge that there may be other risks not known or reasonably foreseeable at this time to me.

4: Knowing the risks involved in the martial art that I train in, I assume that risk and accept personal responsibility for the damages following any such injury, permanent disability or death.

5: I release, waive & covenant not to sue the **AUSTRALIAN KODOAN JUDO ASSOCIATION (NSW)**, or its affiliated state and international bodies, together with their, affiliated clubs, their representatives, administrators, directors, agents, coaches and other employees or any volunteers of the organisation, some examples being event officials, medical personnel, other participants, their parents, guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers and if applicable owners, lessors and lessees of the premises used to conduct the events, all of who are herein referred to as "releases" from any and all claim demands, losses or damages as a result of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by negligence of the "releases" or otherwise.

6: Parents & legal guardians of minor participants (18 years & below) additionally agree that they will instruct the minor participant in the activity to the above warnings & conditions & their ramifications, & that they consent to the minors participation.

7: Your membership covers trainers and coaches, with PL /PI &Products liability against being sued.

I HAVE READ THE ABOVE WARNING, WAVIER & RELEASE. I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT & KNOW THE RISK & CONDITIONS INVOLVED & DO SO ENTIRELY ON MY OWN FREE WILL.

----- Phone No _____
(Participant) (signature) (Date)

Address: _____

----- Phone No _____
(Parent/Guardian) (Signature) (Date)

NSW KJA MEMBER: PO BOX 501 Wollongong NSW 2520. Ph; 0412729938 E-mail: wollongongjudo@hotmail.com