



Personal Information

Name: _____

Birth date: _____ Age: _____

Sex: Male Female

Address: _____

City: _____

State, Zip: _____

Phone: _____

E-Mail: _____

Occupation: _____

Health Information

General Health Condition: _____

Neck and Back: _____

Knees: _____

Shoulders: _____

Elbows/Wrists: _____

Hands/Feet: _____

Sight/Hearing: _____

Speech: _____

Learning Disabilities: Yes No

Attention Disabilities: Yes No

Other Health Issues: Yes No

Explain: _____

Emergency Contact Information

Name: _____

Phone: _____

Cell Phone: _____

Name: _____

Phone: _____

Cell Phone: _____

Consent To Seek Treatment

In the event that I am injured and cannot be reasonably expected to seek or consent to emergency medical treatment, or my child/ward is injured and none of the emergency contacts can be reached, I/we hereby give representatives of the Ozark Mountain Judo Club authority to secure the necessary emergency medical treatment as prescribed by a duly licensed physician in the nearest emergency medical center.

I understand that I/we will be fiscally liable for any such treatment secured on my behalf or on the behalf of my child/ward.

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Date: _____

Insurance Information

Insurance Provider: _____

Policy Number: _____

Group Number: _____

Policy Holder Name: _____



Waiver and Release of Liability Agreement

I understand that the Ozark Mountain Judo Club teaches Kodokan Judo as an Olympic Sport and a self defense system. I understand that Kodokan Judo is a full contact combat sport involving throws, chokes, joint locks, pins, and limited striking techniques.

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

Knowing the risks involved in the sport of Judo, I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability, or death.

I, the applicant, state that I am 18 years of age or over, or that I am/We are the parent(s) or legal guardian(s) of the applicant, and agree to release, waive and discharge, to the greatest extent permitted by law, the United States Judo Federation, the Northwest Yudanshakai, the United States Judo, Inc., the Arkansas Judo, Inc., the Ozark Mountain Judo Club and their officials and instructors, from or for all claims, demands, and causes of action or any other liabilities which may arise by virtue of injuries or damages caused in connection with, or arising out of membership in, the United States Judo Federation, the Northwest Yudanshakai, the United States Judo, Inc., the Arkansas Judo, Inc., or the Ozark Mountain Judo Club and the action, or lack thereof, of the above mentioned parties, and agree that I know the risk involved in the sport of Judo and do hereby assume these risks and accept the responsibility for any damages or injuries by engaging in the contact sport of judo.

Printed Name: _____

Signature: _____

Date: _____

Printed Name: _____

Signature: _____

Date: _____