



MEMBERSHIP FORM FREE CLASS PASS

Name _____
Gender: _____ Age: _____ DOB _____ / _____ / _____
Parents Name(if minor): _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Cell: _____
Email: _____
Judo Experience: () No () Yes, rank _____
Other sport experience: _____
How did you hear about GWJC: _____
Employer/address: _____
School/Grade: _____
Notable Medical Conditions: _____
Emergency Contact Name: _____ Telephone: _____

WAIVER AND RELEASE

The Gentle Way Judo Club, Inc. 530 Birch Street, Forestville, CT 06011

It is expressly agreed that all activities shall be undertaken by me at my sole risk and that The Gentle Way Judo Club shall not be liable to me for any claims, demands, injuries, damages, actions or causes of action, whatsoever, to my person or property arising out of or connected with the use by me of the services and facilities of such the Gentle Way Judo Club or the premises where the same are located and I do hereby expressly forever release and discharge the said Gentle Way Judo Club from all such claims, demands, injuries, damages, actions or causes of action, and from all acts of active or passive negligence on the part of such Gentle Way Judo Club, its servants, agents or employees. I further certify that I have no known physical problems or defects which would make any participation in any of the activities a health risk.

I do / do not (circle) consent to the members photograph/video being taken during training and competitions.

Date: _____
Name of student (please print) _____ Age _____

Signature of Student or Signature of Parent/guardian