



2019 INNER CITY JUDO OPEN

REGISTRATION FORM

Athletes MUST complete a separate form for EACH division they are entering.

Please complete all the following information (print neatly):

Name: _____ Judo Club: _____

Address: _____ Phone: _____

Birthdate: D____M____Y____ Sex: M / F Province/State: _____ Country: _____

Sensei: _____

Rank: _____ Judo Association: _____ Judo Canada # _____

DIVISION(S) Please circle divisions entered. Left column is male and right column is female entries

Division	Weight (kg)		Division	Weight (kg)
U10 Male			U10 Female	
U12 Male			U12 Female	
U14 Male			U14 Female	
U16 Male			U16 Female	
U18 Male			U18 Female	
U21 Male			U21 Female	
Senior ADVANCED Male			Senior ADVANCED Female	
Senior NOVICE Male			Senior NOVICE Female	
Veteran Male			Veteran Female	

2019 INNER CITY JUDO OPEN CHAMPIONSHIPS

REGISTRATION FEE		Paid by: _____ Cash _____ Cheque # _____ Receipt Issued: # _____ Make Cheques Payable to: Inner City Judo Club
U10 / U12/	\$30.00	
U14 / U16 / U18	\$45.00	
U21 / Seniors	\$45.00	
Masters	\$45.00	
Additional Division (maximum 1)	\$20.00	
Late Fee	\$15.00	
TOTAL FEES OWING	\$	

RELEASE INDEMNITY, WARRANTY, REGISTRATION AND ASSUMPTION OF RISK

In consideration of your acceptance of this entry to the Inner City Judo Open Championships,

_____ my heirs, executors, administrators
(Judoka's name)

and assigns, do hereby release and discharge Judo Canada, Judo Manitoba, Inner City Judo Club and representatives, of and from any and all claims, demands, losses and injuries incurred or sustained by me

_____ as a result of
(Parent/Guardian's name if judoka is less than 18 years of age)

attending practicing for, or travelling to or from the Inner City Judo Open Championships.

_____ *(Judoka's Signature)*

_____ *(Parent/Guardian's Signature)*

_____ *(Date)*

_____ *(Date)*

Mail to:
 Gary Sova
 107 Meadow Ridge
 Winnipeg, Mb R3T 5M9

Email: gsova@wsd1.org
 Phone: 1-(204) 479 - 8571

