



## LLOYDMINSTER JUDO

### REGISTRATION FORM

2024-2025 Season

Phone: Marc Beausoleil 639-840-3961

[www.lloydminsterjudo.ca](http://www.lloydminsterjudo.ca)

Email: [lloydminsterjudo@gmail.com](mailto:lloydminsterjudo@gmail.com)

5014 50 Ave (Upstairs), Lloydminster AB T9V 0W7

Name: \_\_\_\_\_

Birthdate: (M)\_\_\_\_(D)\_\_\_\_(Y)\_\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Season 2024-2025

Current Rank: \_\_\_\_\_

Circle One: **Juniors** // Age 8-13 (Mon/Thurs 7:00 - 7:55 pm)    **Seniors** // Age 14+ (Mon/Thurs 8:00 - 9:30 pm)

**KinderJudo** // Age 5-7

Health Care Number (Alberta or Saskatchewan): \_\_\_\_\_

DO YOU HAVE ANY ILLNESS OR INJURY, OR ARE YOU ON ANY MEDICATION THAT WE SHOULD BE AWARE OF?

IF YES, PLEASE EXPLAIN:

I AGREE TO ACCEPT ANY AND ALL FINANCIAL OBLIGATIONS INCURRED AS A RESULT OF MEDICAL ASSISTANCE, HOSPITALIZATION, AND RELATED EXPENSES PROVIDED TO MYSELF (OR MY CHILD) IF DEEMED NECESSARY. I FURTHER AGREE THAT MY CHILD, FAMILY, AND I, WILL NOT HOLD THE LLOYDMINSTER JUDO CLUB OR ITS REPRESENTATIVES LIABLE FOR ANY INJURIES OR DAMAGES WHICH MAY HAVE BEEN SUSTAINED DURING REGULAR WORKOUTS, TRAVEL TO, ATTENDING, OR RETURNING HOME FROM TOURNAMENTS.

Athlete (if 18 or older): \_\_\_\_\_  
print

\_\_\_\_\_  
signature

Parent(s)/Guardian(s): \_\_\_\_\_  
(If athlete is under 18 yr old) print

\_\_\_\_\_  
signature

Parent(s)/Guardian(s): \_\_\_\_\_  
(If athlete is under 18 yr old) print

\_\_\_\_\_  
signature

Completed Registration form can be emailed to [lloydminsterjudo@gmail.com](mailto:lloydminsterjudo@gmail.com)