Kennebecasis Valley Judo Club

Name : _____ Birth Date : _____
Student

Parent(s) / Guardian(s) : _____
(in the case of a minor)

Address : _____

City : _____ Postal Code : _____

Telephone (home) : _____ Work : _____

Previous Club : _____ Belt / Dan : _____

NCCP Level : _____ Referee Level : _____

Judo Canada Passport # : _____ Gender : _____

E-Mail : _____

Medical Information : _____

_____

Allergies : _____

I , _____
Parent / Guardian (in the case of a minor)

hereby give consent to the KV Judo Club to place photographs and name of

_____ in the paper(s) and on the KV Judo Club website.
(your child's name)

X _____ _____
Signature Parent / Guardian (in the case of a minor) Date Signed

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Judo NB Fee paid : ☐

For Office Use

Sept		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun	
paid .	cheque # .	paid .	cheque # .	paid .	cheque # .	paid .	cheque # .	paid .	cheque # .	paid .	cheque # .	paid .	cheque # .	paid .	cheque # .	paid .	cheque # .	paid .	cheque # .