



AUSTRALIAN KODOKAN JUDO ASSOCIATION INC.
ENTRY FORM.

2014 AUSTRALIAN KODOKAN JUDO CHAMPIONSHIPS.

Name:.....

Address:.....

State:.....Post Code:.....D.O.B.:.....

Age:.....Sex:.....Judo Grade:.....

Club:.....Weight:.....

Emergency name and contact phone number:.....

MEDICAL INFORMATION.

If you have any pre-existing medical conditions or allergies please detail:-

.....

Are you covered with Private Health Y/N

Name of Health fund:.....Membership No.:.....

.....

Signed (Parent or Guardian if Minor)

.....

Dated