



**AUSTRALIAN KODOKAN JUDO ASSOCIATION INC.  
ENTRY FORM.**

**2015 AUSTRALIAN KODOKAN JUDO CHAMPIONSHIPS.**

Name:.....

Address:.....

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

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

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

E-mail address..... Contact phone number:.....

**MEDICAL INFORMATION.**

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

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Are you covered with Private Health Y/N

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

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Signed (Parent or Guardian if Minor)

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Dated