



# AUSTRALIAN KODOKAN JUDO ASSOCIATION Inc.

## 2019 National Championships Entry Form

\_\_\_\_\_  
**Participants Surname:**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Second Name**

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

\_\_\_\_\_  
**Suburb:**

\_\_\_\_\_  
**State:**

\_\_\_\_\_  
**Post Code:**

\_\_\_\_\_  
**Home Phone:**

\_\_\_\_\_  
**Mobile/Business Ph:**

\_\_\_\_\_  
**Age:**

\_\_\_\_\_  
**Date of Birth:**

\_\_\_\_\_  
**Sex:**

\_\_\_\_\_  
**Judo Grade:**

\_\_\_\_\_  
**Years in Judo**

\_\_\_\_\_  
**Judo Club:**

\_\_\_\_\_  
**Weight**

\_\_\_\_\_  
**Instructors Name:**

\_\_\_\_\_  
**Emergency Contact Name:**

\_\_\_\_\_  
**Contact Phone Number:**

\_\_\_\_\_  
**Email Address**

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### MEDICAL INFORMATION

1. *Any pre-existing medical conditions?*      *Y/N (If so please state)*

\_\_\_\_\_

2. *If so, what medications are you taking or prescribed?*

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3. *Do you have any allergies?*      *Y/N (If so, please state)*

\_\_\_\_\_

4. *Are you allergic to penicillin or any other medications?*      *Y/N (Please state)*

\_\_\_\_\_

## **WARNING, WAIVER & RELEASE OF LIABILITY**

In consideration of being permitted to participate in anyway, including travel to and from Judo Tournaments and related events and activities of the Queensland Kodokan Judo Association Incorporated (trading as the Queensland Kodokan Judo Association) or the Australian Kodokan Judo Association Inc. or affiliate bodies, I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo and the importance of following these rules.
2. Agree that prior to participating; I may inspect the mats, equipment, facilities, competition pools or decisions, and the elimination or scoring system to be used. If I believe anything is unsafe or beyond my capability, I will immediately advise my coach or supervisor of such conditions & refuse to participate. I will also bring this to the attention of the Tournament Director of the said tournament.
3. Acknowledge & fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses. This may be due to not only my own actions, in-actions or negligence, but also to the actions, in-actions or negligence of others, the rules of the sport of Judo or conditions of the premises or of any equipment used.
4. Knowing the risks involved in the sport of Judo, I assume that risk and accept personal responsibility for the damages following such injury, permanent disability or death to me or my child.
5. I release, waive & discharge the Queensland Kodokan Judo Association Incorporated (trading as the QLD Kodokan Judo Association) and or the Australian Kodokan Judo Association Inc. or affiliate bodies, their respective administrators, directors, agents, coaches and other employees or volunteers of the organisation, some examples being – event officials, medical personnel, other participants, their parents, guardians, supervisors & coaches, sponsoring agencies, sponsors, advertisers & if applicable, owners, lessors, & lessees of the premises used to conduct the event, all of whom are herein referred to as “releasees” from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property caused or alleged to have been caused in whole or in part by the negligence of the “releasees” or otherwise.
6. Parents or legal Guardians or minor participants (children under 18 years) additionally agree that they will instruct the minor participant about the above Warnings & Conditions and their ramifications and that they consent to the minor’s participation.

I have read the above warning, waiver & release. I understand that I give up substantial rights by signing it, and knowing this, I sign it voluntarily. I agree to participate knowing the risks & conditions involved in the sport & do so entirely of my own free will.

\_\_\_\_\_  
**Participants Name:**

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signed (Parent or Guardian for Minor)**

\_\_\_\_\_  
**Date:**