



BALWYN JUDO CLUB

A Member of Judo Victoria Incorporated (Judo Federation of Australia Inc)

Initial

DISCLAIMER AND MEMBERSHIP APPLICATION

Judo is a study of personal combat.

Practice involves:

- A personal struggle to achieve physical control of a partner.
- Throwing and being thrown.
- Close body contact.
- Holding down and being held down.
- Strenuous physical exercise.
- Strangles and jointlocks are used by over 15s.
- Non-contact striking may be practiced by advanced senior players over 17.

Training involves:

- Competition in a collision sport. Thumps and bumps occur. Pain will be experienced and injury is possible.
- Study of set exercises of combat including (at an advanced stage) the use of imitation weapons, simulated blows, and locks and throws not permitted by competition rules.
- Exercises, which may be strenuous, designed to improve fitness and skills.

During training and competition participants must accept personal responsibility for their competence and actions. Their actions must reflect respect for others and an appreciation of their own and others' safety.

Participants / Parents / Guardians must notify the instructor of any condition which may affect the health of the participant or the health of any other participant during training. Participants with severe allergies should lodge their Epipen/Anapen with the instructor. Participants should lodge any asthma plan and reliever medication (with spacer) with the instructor. All cuts etc must be securely covered.

I authorise Balwyn Judo Club instructors to obtain any medical assistance that they deem necessary should any medical problem or accident occur, and I agree to pay all medical expenses incurred on my behalf.

If accepted as a member I agree to abide by the constitution, rules and regulations of the club and in the event of any injury received for whatever reason including the practice of judo or while on club premises, agree to accept full liability.

PARTICIPANT:

Name: _____ Address: _____ POSTCODE

D of Birth: _____ Email: _____

Telephone: _____ Mobile: _____ Emergency: _____

School: _____ Email: _____

Aboriginal/TSIslander Y / N Special needs Skill Level: _____

PARENT / GUARDIAN OF JUNIOR PARTICIPANT:

Relationship to Junior Participant: _____

Name: _____ Address: _____ POSTCODE

Email: _____ Telephone: _____

SIGNATURE:

I have read and accept the above descriptions, responsibilities and obligations:

Signature: _____ Date: _____