



Leeward Judo Club
Building Champions and Leaders in Life

Membership Registration Form

Today's Date: _____

Primary Dojo Location (Check box): Pearl City Kapolei

Student Information:

Name (First, MI, Last) _____

Date of Birth _____ Age _____ Sex Male Female

Address _____ City _____ Zip Code _____

Email Address _____ Include in email list? Yes No

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Minor's Father/Guardian _____

Email Address _____ Include in email list? Yes No

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Minor's Mother/Guardian _____

Email Address _____ Include in email list? Yes No

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Medical Issues/Physical Limitations:

Medical or physical problems that the instructor should be aware of

(i.e. Asthma, epilepsy, heart problems, medication, allergies, or any limiting problems):

Emergency Contact Information (if different from above):

Emergency Contact _____ Relationship _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Previous Judo Experience:

Dojo/Sensei _____ Current Rank _____ Yrs Experience _____

How did you hear about LJC (circle one)? Internet Member Other _____

Why are you interested in taking judo at LJC? _____



Leeward Judo Club
Building Champions and Leaders in Life

Leeward Judo Club Waiver and Release of Liability

NAME OF PARTICIPANT _____ DATE _____

NAME OF PARTICIPANT'S PARENT(S) OR GUARDIAN(S) AUTHORIZED TO SIGN WAIVER FORM FOR PARTICIPANT: _____

CLUB: LEEWARD JUDO CLUB

PARTICIPATORY ACTIVITY: TRAINING SESSIONS

In consideration for 50TH STATE JUDO ASSOCIATION OF HAWAII, the LEEWARD JUDO CLUB, the HAWAII TOKAI INTERNATIONAL COLLEGE of KAPOLEI, the PEARL CITY HIGH SCHOOL of PEARL CITY, and the WAIPAHU HIGH SCHOOL of WAIPAHU acceptance of my entry and for allowing me to participate in the Participatory Activity, I do hereby for myself, the Participant, my heirs, executors, and administrators waive, release, and absolutely and forever discharge the 50TH STATE JUDO ASSOCIATION OF HAWAII, the LEEWARD JUDO CLUB, the HAWAII TOKAI INTERNATIONAL COLLEGE of KAPOLEI, the PEARL CITY HIGH SCHOOL of PEARL CITY, and the WAIPAHU HIGH SCHOOL of WAIPAHU and their respective officers, agents, representatives, successors, and assigns from and on account of any and all rights and claims for injuries of any kind whatsoever up to and including death, obligations, controversies, actions, causes of actions, liability and liabilities, demands, losses and damages (hereinafter collectively "Damages") which may be sustained and suffered as a result of any association with and/or entry in the Participatory Activity, including but not limited to any and all Damages arising out of traveling to, participating, and/or returning from such Participatory Activity.

I further understand and agree that the nature, extent and results of injuries, damages and losses resulting from participation in the Participatory Activity may not be known and anticipated, and the waivers and releases herein cover and are intended to cover all of the injuries, damages and losses resulting from said activities whether or not known or anticipated at this time.

And for the foregoing consideration I hereby covenant and agree to indemnify, defend and forever hold harmless 50TH STATE JUDO ASSOCIATION OF HAWAII, the LEEWARD JUDO CLUB, the HAWAII TOKAI INTERNATIONAL COLLEGE of KAPOLEI, the PEARL CITY HIGH SCHOOL of PEARL CITY, the WAIPAHU HIGH SCHOOL of WAIPAHU and their respective officers, agents, representatives, successors, and assigns against any and all liability, cost and expense resulting from any claim, demand, suit, action or cause of action (including claims of workers' compensation insurers, temporary disability insurers, medical insurers and no-fault insurers) which may be asserted by and/or on behalf of any person for injury or damage sustained by myself and/or the Participant arising directly out of the Participating Activities.

IN WITNESS WHEREOF, these presents have been duly executed this _____ day of _____, _____.

Participant's Name

Parent/Legal Guardian

Participant's Signature

Parent/Legal Guardian's Signature (by signing above, you represent that you have the authority to sign for yourself and to bind the Participant to the terms herein).

WARNING!
WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

In consideration of being permitted to participate in any way, including travel to and from, in any Judo tournament, practice, clinic, and related events and activities ("Activity") of the **United States Judo Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., 50th State Judo Association, Inc., and the Leeward Judo Club**, I agree:

1. I understand the nature of Judo activities and believe I am qualified to participate in such Activity. I also understand the rules governing the sport of Judo.

2. I further acknowledge that prior to participating, I will inspect the mats, equipment, facilities, competition pools or divisions, and the elimination or scoring system to be used, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor, and/or a tournament official of such conditions and refuse to participate.

3. I acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, illness or disease, including permanent disability or death, and severe social and economic losses due not only to my own actions, inactions or negligence, but also to the actions, inactions, or negligence of others, the rules of the sport of Judo, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.

4. Knowing the risks involved in the sport of Judo, I assume all such risks and accept personal responsibility for the damages following such injury, illness, disease, permanent disability, or death.

5. I hereby release, waive, discharge and covenant not to sue the **United States Judo Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., 50th State Judo Association, Inc., and the Leeward Judo Club**, together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used in conducting the event, all of whom are hereinafter referred to as "Releasees", from any and all litigation expenses, attorney fees, loss, liability, damage or costs on account of injury, illness, disease, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligent acts or omissions of the Releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/LEGAL GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant

Participant's Signature

Date

**FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child's participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications.

Parent/Legal Guardian

Parent/Legal Guardian's Signature

Date

Form 506 V6.0.0, 090818

GRANT OF PUBLICITY RIGHTS & RELEASE OF CLAIMS

Please use one form per person.

I, the undersigned, hereby give **Leeward Judo Club** and its agents, employees, successors, assigns, affiliates, and licensees, the full and unrestricted right and permission, in perpetuity and throughout the world, to use my name and/or likeness without previous notification or compensation. This right is granted to any and all uses of my name and/or likeness, whether captured by photograph, video, audio recording, or any other method, for any lawful purpose, including, but not limited to, publicity, advertising, and community education, and in any manner or format, including, but not limited to, printed materials, audio/video productions, and online formats (including email, websites, social media, and mobile marketing).

I hereby release, acquit, and forever discharge **Leeward Judo Club** and its officers, directors, employees, agents, affiliates, and licensees from and against any and all claims, actions, causes of action, and liability, of any kind or nature, arising out of any use of my name, likeness, or voice in any lawful manner pursuant to this document.

I waive any right to pre-approve or review any use of my name, likeness, or voice by **Leeward Judo Club** pursuant to this document.

I understand and agree that this Grant of Publicity Rights & Release of Claims will be construed in accordance with the laws of the State of Hawaii and the United States of America and that if any portion of this Grant of Publicity Rights & Release of Claims is held to be invalid, the balance shall continue in full force and effect.

I AM 18 YEARS OF AGE OR OLDER **YES** **NO***

NAME (PRINT) _____

ADDRESS _____

SIGNATURE _____ DATE _____

LEEWARD JUDO CLUB WITNESS/AGENT (PRINT NAME) _____

WITNESS/AGENT TITLE _____

*If the person signing is under 18, consent must be given by a parent or legal guardian as follows:

I hereby certify that I am the parent or legal guardian of the above-named minor. I have read and understand this Grant of Publicity Rights & Release of Claims, and do hereby give my consent, without reservations, to the foregoing on behalf of the above-named minor.

PARENT / LEGAL GUARDIAN NAME (PRINT) _____

SIGNATURE _____ DATE _____

PLEASE EXCLUDE THE FOLLOWING:

NAME (PRINT) _____

SIGNATURE _____ DATE _____

PARENT / LEGAL GUARDIAN NAME (PRINT) _____

SIGNATURE _____ DATE _____

United States Judo Federation, Inc. (USJF)
New/Renewing Regular/Primary Individual Membership
OR Renewing Life/President's Club Life Membership
 Use This Application To Join Or Renew Membership In United States Judo Federation



1. Application Date		3. First Name		4. Middle Initial													
2. Last Name																	
5. Address																	
6. City		7. State	8. Zip Code	9. Home Phone () ()	10. Work Phone () ()												
11. FAX () ()		12. Mobile () ()		13. E-Mail													
14. Date of Birth		15. Age	16. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	17. Citizenship <input type="checkbox"/> U.S.A. <input type="checkbox"/> Non-U.S.A.	18. Judo Rank & Rank #												
19. USJF Life #		20. USJF ID #		21. Club/Dojo Leeward Judo Club													
22. Yudanshakai 50th State Judo Association																	
23. Name & Address of Insurance Beneficiary																	
24. Membership Fees Choose either the Regular/Primary Membership or the Renewing Life/President's Club Life Membership • Excess Accident Medical Insurance is included with the Regular/Primary Membership and the Renewing Life/President's Club Life Membership. Life Members & President's Club Life Members should call the National Office or check with their Yudanshakai for the correct renewal fee. <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">New or Renewing Regular/Primary Individual <input checked="" type="checkbox"/> \$70.00</td> <td style="width:50%; border:none;">Renewing Life or President's Club Life Members <input type="checkbox"/> \$52.50 <input type="checkbox"/> \$ _____</td> </tr> </table>						New or Renewing Regular/Primary Individual <input checked="" type="checkbox"/> \$70.00	Renewing Life or President's Club Life Members <input type="checkbox"/> \$52.50 <input type="checkbox"/> \$ _____										
New or Renewing Regular/Primary Individual <input checked="" type="checkbox"/> \$70.00	Renewing Life or President's Club Life Members <input type="checkbox"/> \$52.50 <input type="checkbox"/> \$ _____																
25. Donations The USJF is a non-profit tax-exempt charity. Depending on your tax circumstance, donations may be tax deductible. Please consult with your tax professional. Balch, Fitzsimmons, Fukuda, Kitaura, Lee, Osako, Palacio, & Saito are all scholarship/grant programs. Please contact the National Office for more information. Endowment Trust Programs <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Balch \$ _____</td> <td><input type="checkbox"/> Fitzsimmons \$ _____</td> <td><input type="checkbox"/> Fukuda \$ _____</td> <td><input type="checkbox"/> General \$ _____</td> <td><input type="checkbox"/> Koiwai \$ _____</td> <td><input type="checkbox"/> Other \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Kitaura \$ _____</td> <td><input type="checkbox"/> Lee \$ _____</td> <td><input type="checkbox"/> Osako \$ _____</td> <td><input type="checkbox"/> Palacio \$ _____</td> <td><input type="checkbox"/> Saito \$ _____</td> <td></td> </tr> </table>						<input type="checkbox"/> Balch \$ _____	<input type="checkbox"/> Fitzsimmons \$ _____	<input type="checkbox"/> Fukuda \$ _____	<input type="checkbox"/> General \$ _____	<input type="checkbox"/> Koiwai \$ _____	<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Kitaura \$ _____	<input type="checkbox"/> Lee \$ _____	<input type="checkbox"/> Osako \$ _____	<input type="checkbox"/> Palacio \$ _____	<input type="checkbox"/> Saito \$ _____	
<input type="checkbox"/> Balch \$ _____	<input type="checkbox"/> Fitzsimmons \$ _____	<input type="checkbox"/> Fukuda \$ _____	<input type="checkbox"/> General \$ _____	<input type="checkbox"/> Koiwai \$ _____	<input type="checkbox"/> Other \$ _____												
<input type="checkbox"/> Kitaura \$ _____	<input type="checkbox"/> Lee \$ _____	<input type="checkbox"/> Osako \$ _____	<input type="checkbox"/> Palacio \$ _____	<input type="checkbox"/> Saito \$ _____													
26. Cash or Check Payment Please DO NOT MAIL CASH <input type="checkbox"/> Cash _____ <input type="checkbox"/> Check # _____ \$20 RETURNED CHECK FEE Amount _____ Initials _____		27. Credit Card Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Name On Card _____ Issuing Bank _____ Account # _____ Exp Date _____ V-Code _____ Card Billing Address _____ Cardholder Signature _____															
28. I certify that the above information is true and I am eligible to be a member in accordance with the rules of the United States Judo Federation, Inc. (USJF). <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"><input checked="" type="checkbox"/> Signature of APPLICANT (REQUIRED FOR EVERYONE) _____ Date _____</td> <td style="width:50%; border:none;"><input checked="" type="checkbox"/> Signature of Parent/Legal Guardian (Required if Applicant under 18) _____ Date _____</td> </tr> </table>						<input checked="" type="checkbox"/> Signature of APPLICANT (REQUIRED FOR EVERYONE) _____ Date _____	<input checked="" type="checkbox"/> Signature of Parent/Legal Guardian (Required if Applicant under 18) _____ Date _____										
<input checked="" type="checkbox"/> Signature of APPLICANT (REQUIRED FOR EVERYONE) _____ Date _____	<input checked="" type="checkbox"/> Signature of Parent/Legal Guardian (Required if Applicant under 18) _____ Date _____																

WAIVER AND RELEASE OF LIABILITY AGREEMENT - SIGNATURE(S) REQUIRED

I, the Applicant, state that I am 18 years of age or over. In consideration of being permitted to participate in any way, I acknowledge and agree to release, waive and discharge, to the greatest extent permitted by law, United States Judo Federation, Inc. (USJF) from or for all claims, demands and causes of actions or any other liabilities which may arise or be caused in whole or in part by the negligence of USJF in conjunction with or arising out of membership with USJF, and the action or lack thereof of USJF and agree that I know and understand the risks involved in the sport of Judo and do hereby assume these risks and accept the responsibility for any damages or injuries by engaging in the contact sport of Judo.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPLICANT SIGNATURE <small>(Signature required if Applicant over 18)</small>	PRINTED NAME	DATE

PARENTAL INDEMNIFICATION

I state that I am the parent/legal guardian of _____ (the Applicant), a minor. I agree to indemnify and hold harmless the USJF for any expenses incurred, claims made, or liabilities assessed against them as a result of any injury, death, or insufficiency of legal capacity. I consent to the Applicant's becoming a member of USJF & participating in Judo practices, clinics, & events sanctioned or sponsored by USJF.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARENT/LEGAL GUARDIAN SIGNATURE <small>(Parent/Legal Guardian signature required if Applicant under 18)</small>	PRINTED NAME	DATE

***** RELEASE MUST BE SIGNED FOR THIS APPLICATION TO BE VALID • MAKE A COPY FOR YOUR RECORDS *****
 Submit to Yudanshakai or Mail to: USJF, PO Box 338, Ontario, OR 97914-0338 • Phone: (541) 889-8753 • FAX: (541) 889-5836 • www.usjf.com



Leeward Judo Club
Building Champions and Leaders in Life

Membership Fee Schedule

Club Membership Dues and Tuition

One-time processing fee	\$20/family
Club Tuition (paid monthly or annually)	
Monthly Payment	\$70/member \$130/family (2-4 members) \$200/family (5+ members)
Annual Payment	\$700/member \$1,300/ family (2-4 members) \$2,000/family (5+ members)
Fundraiser Concession Fee	\$20/family/year

Make checks payable to Leeward Judo Club

- First month's membership dues is 50% off if enrolling after the 14th day of the first month.
- Payment Information: Monthly tuition is due on the first practice (Monday or Tuesday) of every month.

United States Judo Federation (USJF) Membership Dues

Annual membership \$70/member

Make checks payable to Leeward Judo Club (may be combined with club membership check)

Uniform and Merchandise

Judo uniforms (may be purchased through club) See Dojo Administrator

T-shirts and other merchandise See Dojo Administrator

Make checks payable to Leeward Judo Club

Monthly Local Tournaments

Entry Fee \$25/entrant

Make checks payable to 50th State Judo Association

- Note: Tournament participation is optional for LJC members.



Leeward Judo Club
Building Champions and Leaders in Life

Initial Membership Payment Form

Name of new member(s): _____

Leeward Judo Club Membership Dues

One-time processing fee (per family)	\$20.00
First Month's Membership Dues (1/2 if after 14 th of month)	\$ _____
Uniform and Merchandise _____	\$ _____
_____	\$ _____
_____	\$ _____
Total USJF Annual Membership Dues: \$70.00 x _____	\$ _____
Total Amount Due	\$ _____

Form of Payment: Check Credit Card Cash

Please make checks payable to **Leeward Judo Club**

Credit Card Authorization Form

Name as it appears on credit card: _____

Credit Card Type: Visa MasterCard

Credit Card Number: _____ Expiration Date: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Monthly Payment Amount: \$ _____ Initial Payment Amount \$ _____

Annual Payment Amount: \$ _____ One-time Payment Amount \$ _____
(for _____)

Monthly recurring payment agreement:

I authorize Leeward Judo Club to initiate monthly credit card charges for the amount indicated above. I understand that I may cancel this automatic billing authorization with 30 days notice in writing. Failure to notify Leeward Judo Club will result in continued monthly charges.

Cardholder's Signature: _____ Date: _____