



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

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)
Pre-Judo (paid per 8-week session)	\$40/member \$20/member (if current member)
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
Short-term four month membership	\$40/member

Uniform and Merchandise

Judo uniforms (may be purchased through club)	See Dojo Administrator
T-shirts and other merchandise	See Dojo Administrator
Exercise Ball	See Dojo Administrator

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

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 14th of month) \$ _____

Uniform and Merchandise _____ \$ _____

_____ \$ _____

_____ \$ _____

USJF Annual/Short-term Membership Dues: \$____.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: _____



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).

