



Liberty Bell Judo and Sambo Academy

Membership Registration and Application Form

A non-profit organization under the auspices of Liberty Bell Judo Inc. dedicated to the teaching of judo and sambo for students of all ages

Date: _____

Name: _____

Address _____

City _____ State _____ Zip _____

Mailing address if different than above: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Date of Birth: _____

Occupation: _____

Place of Occupation (if student, give name of school) _____

E – Mail Address _____

Home and Parent Information: (complete if student is a minor)

Mother's Name _____ Occupation _____

Address if different _____ City _____ State _____ Zip _____

Emergency contact telephone _____

Father's Name _____ Occupation _____

Address if different _____ City _____ State _____ Zip _____

Emergency contact telephone _____

Please list other people with whom the student's lives:

1 _____ Relationship: _____

2 _____ Relationship: _____

3 _____ Relationship: _____

4 _____ Relationship: _____



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Emergency Information

List, in order, the names, addresses and phone numbers of the people to contact in case of emergency (parents will always be called first):

1 Name _____ Relationship: _____

Phone _____ Address: _____

2 Name _____ Relationship: _____

Phone _____ Address: _____

3 Name _____ Relationship: _____

Phone _____ Address: _____

4 Name _____ Relationship: _____

Phone _____ Address: _____

Waiver and Release

All students (and parents if student is a minor) must read the attached waiver and release form. **No student will be allowed to practice without a signed waiver.**

Notice of Nondiscrimination Policy as to Students

Liberty Bell Judo & Sambo Academy does not discriminate on the basis of race, religion, gender, or any other status prohibited by law.

Judo History

To be filled out by anyone who has previous judo training

Current Rank: _____ Date Issued: _____

Instructor: _____ Club: _____

Date Started: _____

Fees

Application and Registrations fee are \$225.00. This fee registers you as a member of Liberty Bell Judo Sambo Academy for one month unlimited classes, and the United States Judo Federation for one year. **This initial fee also includes one free judo uniform (a \$50.00 to \$60.00 value).**



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Medical Information

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Insurance information: Company _____ Policy # _____

Name of Insurance holder (if different from above) _____

Name of Family Physician: _____

Physician's Address _____

Phone () _____ Date of Last Physical Examination _____

It is always important to consult your physician before starting an exercise program.

Medical History Questionnaire

Yes No 1. Do you have asthma? What medications do you need to take for the asthma?

Yes No 2. Do you wear contacts or glasses while in athletic practice or competition?

Yes No 3. Do you wear any dental appliance? If yes please list whatever you have.

Yes No 4. Have you had any recent minor injuries (such as a sprain ankle, knee etc.)?

If so please list.

Yes No 5. Have you had any recent, in the last two years, serious injuries to any bones or joints?

If so please list.

Yes No 6. Have you ever had an injury to your back?

Yes No 7. Do you have any heart problems?

Yes No 8. Do you have any other CHRONIC CONDITIONS that have not been mentioned above?

If so please list and explain.

Yes No 9. Do you smoke?



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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 of the **Liberty Bell Judo Inc, United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Daiheigen Judo Yudanshakai, Shufu Yudanshakai, and Liberty Bell Judo/Sambo Academy**, I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.
2. Agree 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. Acknowledge and 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 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 file 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, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the **Liberty Bell Judo Inc, United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Daiheigen Judo Yudanshakai, Shufu Yudanshakai, and Liberty Bell Judo/Sambo Academy**, together with their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, 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 claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant _____ Participant's Signature _____ Date _____

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

This is to certify that I, as parent/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 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/Guardian _____ Parent/Guardian's Signature _____ Date _____



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Fee and Payment Schedule

Updated: October 2009

Judo/Sambo	Month*	3 Months[†]	6 Months[†]	Year[†]
2-3X weekly	\$125.00	\$345.00	\$660.00	\$1290.00
Savings of		(\$30.00)	(\$90.00)	(\$210.00)
Black Belt Fees	\$70.00	\$190.00	\$360.00	\$690.00
Savings of		(\$20.00)	(\$60.00)	(\$150.00)
Self Defense	\$60.00	\$165.00	\$315.00	
Savings of		(\$15.00)	(\$45.00)	

Individual Practice Mat Fee: \$20.00/class

Private Lessons: Mat Fee: \$100.00/hour

Monthly Family Plan – two members \$190.00, three members \$250.00

Other Fees

Club competition fee: \$25.00 (medals and trophies awarded)

Promotion fee: \$25.00 (does not include price of new belt)

Special clinics and workshops – prices to be determined

Winter/Spring/Summer Camps – price to be determined

***Monthly Dues – payable the first practice of each month**

[†]Three, six, twelve month fees are due in one payment



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*Schedule of Classes**

Day	Time	Class
Monday	6:00pm – 8:00pm	Jiu-Jitsu
Tuesday	6:00pm – 7:00pm	Beginners & Junior Judo under 8
	7:00pm – 8:30pm	Advanced Judo under 14
	8:30pm – 10:00pm	Senior & Advanced Judo
Wednesday	6:00pm – 8:00pm	Jiu-Jitsu
Thursday	6:00pm – 7:00pm	Beginners & Junior Judo under 8
	7:00pm – 8:30pm	Advanced Judo under 14
	8:30pm – 10:00pm	Senior & Advanced Judo
Friday	6:00pm – 8:00pm	Jiu-Jitsu
Saturday	11:00am – 12:00pm	Beginners & Junior Judo under 8
	12:00pm – 1:30pm	Advanced Judo under 14
	1:30pm – 3:00pm	Combat Sambo / Advanced Judo
Sunday		Competitions/promotions/workshops/self defense

***Schedule subject to changes**