



Gurnee Judo Club
4411A Old Grand Avenue
Gurnee, Illinois 60031
(847)244-7847

_____ enrolls in the program listed below:
 (Print Participant's Name)

For beginners and advanced/youth and adult students 6 years old & up, 6:00-7:30 PM Tuesday, Wednesday & Thursday, \$75.00 per month; 1st additional family member \$20 per month discount; 2nd + additional family member \$30 per month discount.

All participants in the Gurnee Judo Club must join the USA Judo, \$30 youth/initial annual membership. Any class may be subject to cancellation due to the occasional unavailability of coaching staff.

I further agree to pay for the above program no later than the 5th day of the month in which payment is due.

_____ (Signature) _____ (Date)

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

_____ Parent/Guardian (Print Name) _____ Parent/Guardian's (Signature) _____ (Date)

Tuition	75.00	
Tuition—Additional Family Member	55.00	
Judo Uniform without Patch Size 0-3	60.00	
Judo Uniform without Patch Size 4-6	70.00	
Total		
Check # (Pay to Tim Schultheis)		

Personal Data:

Address: _____

Telephone: _____ (home) _____ (work or cell)

Email: _____

Age/Birthdate: _____ Medical Problems/History: _____



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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 and from, in any Judo tournament, practice, clinic, and related events and activities of Gurnee Judo, Head Coach, Robert T. Schultheis, Gurnee Judo Assistant Coaches and Staff, United States Judo, Inc., United States Judo Federation, United States Judo Association, Illinois Judo, Inc., and the Gurnee Judo Club, LLC:

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 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 to not only 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, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the United States Judo, Inc., United States Judo Federation, United States Judo Association, Illinois Judo, Inc., Gurnee Judo Club LLC, 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 cause 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 OR 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 (please print name)

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 (please print name)

Parent/Guardian's Signature

Date