

Northland Judo Spring Tournament Registration & PAC Waiver

Participant's Name

Male (or) Female

Phone

Email

Address

City, State, Zip

AAU Number

Participant Date of Birth

Age

Weight

Rank

Total for Tournament: \$ _____

Check Number: _____

Make Payable to: Northland Judo

Mail Form To:

Jesse Hernandez/NLD Judo
620 NE Barnes Ave.
Kansas City, MO 64118

Club Name

Coach (list all)

PLEASE CHECK ALL BOXES BELOW

I do hereby authorize the treatment of myself by a qualified and licensed medical doctor/dentist in the event of a medical emergency which, in the opinion of the attending physician, may endanger my life, or cause disfigurement, physical impairment, or undue discomfort if delayed.

The undersigned also waives all claims for accident, illness, or personal injury of any kind (including death) and does hereby release Northland Sports L.L.C., doing business as Parkville Athletic Complex, NLD Judo and its instructors and managers, together with the owners and employees of any property involved in any class or practice from any and all liability of any kind or nature (including death) arising out of participation in any sport or event at Parkville Athletic Complex, Parkville Missouri.

The foregoing release is made on my behalf. I do not know of any limitation, which may affect my ability to participate in a safe manner while engaging in any activity at the Parkville Athletic Complex and/or participating in an event sponsored by NLD Judo, and I understand that neither Parkville Athletic Complex nor NLD Judo provides any health insurance benefits to persons who participate in their activities.

The undersigned agrees that the undersigned, their guests and children will abide by all rules posted at the Parkville Athletic Complex, and that they will observe normal rules of sportsmanship. The undersigned understands that should any officer or employee of Parkville Athletic Complex, L.L.C. in charge of a class or activity at the Parkville Athletic Complex determine, in his or her sole discretion, that the undersigned, or the guests or children of the undersigned are acting inappropriately, they can require any such person to leave the premises without any liability whatsoever and may prevent any such person from returning to the Parkville Athletic Complex.

Participant Signature

Date

Parent or Guardian Signature (if minor)

Date

Printed Name of Participant