



*"building good people through judo"*

# East Bay Judo Institute

11165 San Pablo Avenue  
El Cerrito, CA 94530

**Head Instructor**  
David Matsumoto

## OFFICIAL REGISTRATION FORM

**Instructors**  
Ken Kokka  
Junya Anami  
Takenari Asanuma  
Dan Israel  
Sayaka Matsumoto  
Steve Hata  
Themis Lonis  
Molly O'Rourke

### Section I: Personal Information

**Mailing Address**  
P.O. Box 1304  
El Cerrito, CA  
94530

**Phone and Fax**  
(510) 237-0607

**Web Page**  
<http://www.ebji.org>

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
                                First  Last

Address: \_\_\_\_\_  
  Street

\_\_\_\_\_  
  City  State  Zip

Phone: (        ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                Day                        Month                Year

Place of Occupation: \_\_\_\_\_  
(if student, give name of school)

### Section II: Judo History (complete this section if student has previously taken judo)

Current Rank: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Last Club Name: \_\_\_\_\_ Instructor: \_\_\_\_\_

Date Started Judo: \_\_\_\_\_ Club Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Section III: Parent's Information (complete only if student is a minor)

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section IV: Emergency Contact Information:**

Name	Relationship	Phone Number

Physician's Name: \_\_\_\_\_

Physician's Telephone Number: (          ) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Health Insurance Policy No: \_\_\_\_\_

**Section V: Waiver and Release**

All students, and parent(s) if student is a minor, must read the attached waiver and release form supplied by our insurance carrier and the United States Judo Federation. After you have read it, please sign the bottom and return with this application.

**Section VI: Notice of Nondiscriminatory Policy as to Students**

The East Bay Judo Institute admits students of any race, color, national and ethnic origins to all the rights, privileges, programs and activities generally accorded or made available to students at the Institute. It does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies, scholarship or loan programs, and athletic and other Institute-administered programs.

**Section VII: Limited Power of Attorney**

Please read and sign the attached form.

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**\*\*\*\*\* DO NOT WRITE BELOW THIS LINE\*\*\*\*\***

Amount Received: \_\_\_\_\_  cash           check # \_\_\_\_\_

Computer Entry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
  Day                      Month                      Year

Next payment due: \_\_\_\_\_

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**LIMITED POWER OF ATTORNEY**

We (I), the parent(s) or legal guardian(s) of \_\_\_\_\_, a minor contestant/participant have made, constitute, and appoint David Matsumoto, all instructors of the East Bay Judo Institute, and/or their appointees or designees as our (my) true and lawful attorney for us (me) in our (my) name, place, and stead to do any and every act and exercise any and every power that we (I) might or could do, or exercise through any other person and that shall deem proper and advisable, intending hereby to best in either limited power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in connection with the contestant/participant in the event or practice. This includes receiving medical treatment and making any other decision as we (I) might or could make or do if personally present in conjunction with the participation in the event and any medical care that may be required as a result of traveling to, participating in, or returning from said event or practice.

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Printed name of parent or legal guardian	Signature	Date
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Printed name of parent or legal guardian	Signature	Date
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Printed name of witness	Signature	Date
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Medical insurance carrier: \_\_\_\_\_

Medical insurance ID #: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Drug allergies: \_\_\_\_\_

Other comments:

# 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 **United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Daiheigen Judo Yudanshakai, California Judo, Inc., and the East Bay Judo Institute**, 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 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, Inc., United States Judo Association, Inc., Daiheigen Judo Yudanshakai, California Judo, Inc., and the East Bay Judo Institute**, 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