

2017 Noboru Saito Kata Workshop

Accident Waiver and Official Entry Form

General Information

Sanction No. 17-03-12
 Date Saturday, March 18, 2017
 Time 9:00 AM - 3:00 PM
 Contact Portland Judo, Roy Kawaji 503-961-2696
 Clinician Noboru Saito - 8th Dan
 Curriculum Warm-ups, Kata class, demonstration and testing.
 Location Portland Judo. 2335 NW 23rd Place Portland, OR 97210
 Eligibility Must present current USJF, USJA or USJI card.
 Cost \$30 per participant. Lunch included

Participant's Information

Name _____ Phone _____
 Street Address _____
 City _____ State _____ Zip _____
 Gender _____ Weight lbs _____ Birthdate _____ Age _____ Rank _____
 Membership (circle one) *USJF USJA USA Judo* I.D. # _____ Exp. Date _____
 Dojo/Club/Team _____ Head Instructor _____
 Emergency Contact Person _____ Phone Number _____

Accident Waiver Form

In consideration of the acceptance of my entry for this event, I do hereby for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge any and all rights and claims for damages and losses which I may have or which may hereafter accrue to me against the 50th State Judo Association and Portland Judo or its successors or assigns, for any and all injuries which may be sustained and suffered by me or my children in connection with my association with or entry in the 50th State Judo Association event, or which may arise out of my traveling to, participating in, and returning from such event.

 PRINT NAME of participant

 SIGNATURE of participant

 Date

 PRINT NAME of instructor verifying
 participants age & competence

 SIGNATURE of instructor verifying
 participants age & competence

 Date

Americans with Disabilities Act Compliance

Assistance/accommodation is needed for: Vision Loss/Blindness Hearing Loss/Deafness

Type of assistance/accommodation requested _____

Name of person assisting _____

