



2016-2017 Club Information Form

Submit by September 30, 2016 to registrar@judoalberta.com & judo@judoalberta.com

Club Name: _____
 (As you wish it to appear on all correspondence)

Club Mailing Address: _____

City: _____, AB Postal Code: _____

Head Instructor: _____ NCCP Level _____
 (MUST BE a registered member with Judo Alberta and Certified Level 1 NCCP)

Home: _____ Work: _____ Fax: _____

E-mail _____

Name of Sponsor (if required): _____ NCCP Level _____
 (MUST BE a registered Black Belt with Judo Alberta and Certified Level 2 NCCP)

Club Contact (Other than/or in additional to, Sensei): _____

Tel.: Home: _____ Work: _____

Club Web Page: <http://www.> _____

Location of Practice (including address) _____

Practice Time(s)

<u>Day Of Week</u>	<u>Time</u>	<u>Level (if applicable)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nature of Judo Offered: _____ Competition _____ Recreational _____ Self Defense

Minimum Age Accepted For Membership: _____

Membership Cost (indicate month/season/year): Junior _____/person Senior _____/person

Do You Offer A Family Plan: _____ Yes _____ No Provide Details: _____

Is a Membership Payment Plan Available (or negotiable): _____ Yes _____ No

What Type of Fundraising Ventures Does Your Club Participate In? _____

The above Club verifies that all participating members have properly signed a liability waiver.

Authorized Signature