



**judo
alberta**
THE ALBERTA KODOKAN BLACK BELT ASSOCIATION

2019-2020 Club Information Form

Submit by September 30, 2019 to registrar@judoalberta.com & judo@judoalberta.com

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

**CHECK IF INFORMATION IS UNCHANGED FROM LAST SEASON, SIGN WAIVER ACKNOWLEDGEMNT
AT BOTTOM AND SUBMIT TO BOTH EMAILS ABOVE.**

Club Mailing Address: _____

City: _____, AB **Postal Code:** _____

Head Instructor: _____ **NCCP Level** _____ **NCCP #** _____
(MUST BE a registered member with Judo Alberta and minimum Certified Level 1 NCCP-Dojo Assistant)

Home: _____ **Work:** _____ **E-mail** _____

Name of Sponsor (if required): _____ **NCCP Level** _____ **NCCP #** _____
(Sponsor is required for clubs where the Sensei is not NCCP certified or has only NCCP-Dojo Assistant) Sponsor MUST BE a registered Black Belt with Judo Alberta and minimum NCCP-Dojo Instructor.

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

Home: _____ **Work:** _____ **E-mail** _____

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Judo Offered (circle): Competition Recreational Self Defense **Minimum Membership Age:** _____

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

Do You Offer A Family Plan: YES NO **Details:** _____

Membership Payment Plan Available: YES NO **Fundraising Ventures of your Club:** _____

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

Authorized Signature

Print Name