



Middletown Judo Club

Membership Application

柔道

MEMBER INFORMATION										
Last Name					First				M.I.	
Street Address							Apt/Unit #			
City				State		ZIP				
Phone	()		E-mail							
Birth Date		Present Rank		Date of Rank		USJA #				
List any additional Martial Arts, Ranks, comments, etc.										
Do you wish to be added to our e-mail distribution list?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Do you give permission to post pictures and/or videos of you on the web?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Do you have any medical, health or other issues that we should know about?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain below:				
DISCLAIMER AND SIGNATURE										
I certify that my answers are true and complete to the best of my knowledge.										
Signature						Date				
PARENT/GUARDIAN INFORMATION (IF YOUNGER THEN 18)										
Full Name						Relationship				
Address										
Phone	()		E-mail							
Signature						Date				