



## Registration And Medical Waiver

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Parents Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Weight: \_\_\_\_\_

### Medical Waiver

**If a member of the Granite State Judo Institute is under the age of 18 years, this document must be completed by the parents or legal guardian if the parents or legal guardian is not attending practice or an event in which the Granite State Judo Institute will be participating.**

I certify that I am the parent or legal guardian of \_\_\_\_\_ a minor. I will not be in attendance at the judo practice on an event in which the Granite State Judo Institute will be participating and do hereby designate the coaches of the Granite State Judo Institute, who are over 21 years of age, to be my true and lawful attorney, to act in my name, place, and stead, to do any and every act and exercise any power that I might or could do or excise through any other person and that he/she shall deem proper or advisable, intending hereby to vest in the person acting for me full power and authority to do and perform all and every act and thing.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
DATE