

ISLAND JUDO HAWAII
GENERAL INFORMATION SHEET
(PLEASE PRINT)

Participant Information

Name: _____ Male / Female

Date of Birth: ____/____/____

School / Employer: _____

If participant is under 18 yrs, please fill in the following

Father: _____ Phone: _____

Address: _____

Email: _____

Mother: _____ Phone: _____

Address: _____

Email: _____

If parents cannot be reached, please list an emergency contact.

Name: _____ Relationship: _____

Contact Phone: _____

Medical Insurance Information

Medical Plan and ID#: _____

Physician: _____ Phone: _____

Preferred Hospital: _____

Special Health Issues

In the event of injury to my child, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances. I, the Parent/Guardian of the above named Participant, have read and understand the parental consent, insurance clause and medical treatment authorization. By signing this registration form, I grant permission for my child to participate in all officially recognized activities.

Sign here: _____