

# Student Registration



Sakura Judo Club  
Verona Athletic Center  
411 Prairie Heights Road  
Verona, WI 53593  
608-332-1151  
info@sakurajudo.org

Your name as you wish it to appear on your membership card

First	Last
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Date of birth	M	F
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Is this your first experience with judo? Y N

If you have practiced judo before, what is your belt color?

Please check if you currently belong to any of these organizations:

USA Judo	US Judo Federation	US Judo Association
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Are you willing to help make Sakura Judo an inclusive club for all people to practice judo according to the principles of *Mutual Welfare and Benefit* and *Maximum Efficiency*? Yes No

Student's signature	Date
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Phone	Email
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Street address

City	Zip
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If student is under 18, name of parent/guardian

First	Last
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Relationship to student

Emergency contact name, if different from parent/guardian

First	Last
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Relationship to student

Email

Day phone	Eve phone	Cell phone
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Parent/guardian's signature	Date
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Student's health considerations we should be aware of

Name of student's health insurance company

Notes (for Sakura Judo's use)