



875 Morningside Avenue, Suite 2040, Toronto ON M1C 0C7

Tel: (416) 447-5836 ■ Toll-Free: 1-855-449-5836 ■ info@judoontario.ca ■ www.judoontario.ca

### Club Registration Form

Please complete all the information below for the website listing.  
Please print clearly and ensure proper spelling.

#### Club Information

Club Name:	Main Contact's Name:	
<input type="text"/>	<input type="text"/>	
Club Address	City	
<input type="text"/>		
Main intersection nearest club location		
<input type="text"/>		
Email Address		
<input type="text"/>		
Website (if available)		
<input type="text"/>		
Club or main contact's mailing address	City	Postal code
<input type="text"/>		

#### Dojoshu information (Head instructor)

Name	Judo Canada Number	
<input type="text"/>	<input type="text"/>	
Judo Rank:	NCCP Level:	NCCP Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

In consideration of the acceptance of the \_\_\_\_\_ Judo Club's membership in  
Name of Club

Judo Ontario, I, on behalf of the Judo Club, agree as follows:

- To abide to the By-Laws, Policies, Procedures, Rules, and Regulations of Judo Ontario
- To pay all fees and dues as required and requested by Judo Ontario
- To submit a list, including name, address, telephone, and email of all Club directors, Coaches, Volunteers, and Athletes with this registration form
- To abide by all applicable Provincial and Federal legislation including the Personal information Protection and Electronic Documents Act (PIPEDA).
- In order to ensure that the Judo Club and its members enjoy the full insurance coverage and services provided by Judo Ontario, to all Judo clubs in good standing, the Judo Club hereby certifies that active judokas of all ages and categories practicing at this dojo, including new members, are fully registered and paid up members of Judo Ontario.
- To obtain and submit to Judo Ontario a Vulnerable Sector Screening (Police check) from the nearest local Police service in accordance with Judo Ontario's screening policy.
- That I am a fully certified NCCP Dojo Instructor (NCCP Level 2 or higher).
- That all assistant instructors in this dojo obtain a fully certified NCCP level of 1 or higher.
- As Dojoshu, I provide a safe and secure environment in which judo is practiced.



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**I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily and will be bound by its terms.**

\_\_\_\_\_  
Dojo Shu/Head Instructor's signature

\_\_\_\_\_  
Sponsor's Signature (if applicable)

\_\_\_\_\_  
Dojo Shu's name (Please Print Clearly)

\_\_\_\_\_  
Sponsor's name (Please Print Clearly)

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.