

2021 -2022 Medicine Hat Judo Club Registration Information

How to Register

1. First, complete the online 'Club Registration' forms, found at www.trackiereg.com/JudoAB-2MHAT.
2. Second, complete the 'Athletes Information' form, found on the reverse of this page. Bring this form with you to your first class. Every athlete is required to complete this form.
3. Third, pay your fees to the club. After completing the online 'Trackie' forms, you will receive a confirmation email with the total amount owing. (Confirm this amount by emailing tanbuck1@gmail.com). Payment can be made by:
 - a. Sending an E-Transfer payment to: registration@medhatjudo.com
 - b. Dropping a Cheque off at the Judo club with one of the Coaches
4. If you are having any issues during the registration process, please email your questions to info@medhatjudo.com, or come down to the dojo during a class time.

REGISTER EARLY! All Classes will be capped with a maximum number of participants this year. With our recent surge in popularity, we encourage you to register as early as possible to ensure your spot on the Medicine Hat Judo Club Team.

Schedule

	First Day:	Last Day:	Duration:
Session #1	Monday, September 13th	Wednesday, December 15th	14 Weeks
Session #2	Monday, January 10 th	Wednesday, April 27th	16 Weeks

There will be no classes on the following dates:

October 11th (Thanksgiving), November 11th (Remembrance Day), February 21st (Family Day), April 18th (Easter Monday)

We reserve the right to change class assignments based on registration and coach availability

Class Times

	Monday's	Tuesday's	Wednesday's	Thursday's
Juniors	6:00PM – 6:45PM		6:00PM – 6:45PM	
Intermediates	6:00PM – 7:15PM	7:00PM – 9:00PM	6:00PM – 7:15PM	7:00PM – 8:30PM
Seniors	7:30PM – 9:00PM	(NE-WAZA)	7:30PM – 9:00PM	(HIGH PERFORMANCE)

Class placements are determined by instructors.

Minimum age for registration is 6 years old. Age determination is as of December 2021 – As per Judo Alberta.

Fees

Age	Both Sessions	Single Session
6 - 11	\$385	\$245
12+	\$435	\$270

No refunds on cancelled registrations

All fees are due prior to participating in class, unless authorized by the Head Sensei. Those who are new to the sport of Judo, are welcome to try (2) complimentary judo classes.



826 11th Street SE T1A 1T7
www.medhatjudo.com

2021/2022 MHJC Athlete Information

First Name:	DOB: Y / Y / Y / Y
Last Name:	Current Belt Rank:
Home Phone #:	Cell Phone #:
Email Address:	Okay to text message?: Y / N
AB Health Care #:	Gender:

Athlete Medical Conditions / Injuries Information: (CHECK ALL THE APPLY)

<input type="checkbox"/> Allergies	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Hernia	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Wrist Injury	<input type="checkbox"/> Leg Injury
<input type="checkbox"/> Asthma	<input type="checkbox"/> Concussion	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Stroke	<input type="checkbox"/> Abdomen Injury	<input type="checkbox"/> Neck Injury
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Back Injury	<input type="checkbox"/> Shoulder Injury
<input type="checkbox"/> Seizures	<input type="checkbox"/> OTHER:				

Do you currently have any medical conditions that may be made worse by participating in the sport of Judo? YES* NO
**If YES, please provide a doctor's note authorizing your participation in Judo*

Parent / Guardian / Emergency Contact Information (Need at least 1 Emergency Contact)

Contact #1:

First Name:	Cell Phone #:
Last Name:	Okay to text message?: Y / N
Home Phone #:	Email Address:

Contact #2:

First Name:	Cell Phone #:
Last Name:	Okay to text message?: Y / N
Home Phone #:	Email Address:

Parent/Guardian Name:	Athlete Name:
Signature:	Signature:

T-Shirt Size:

Extra Small Large
 Small X-Large
 Medium



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Volunteer Sign Up:

Are you willing to be put on the contact list for potential volunteer opportunities?

YES NO