



# CORYDON COMMUNITY CENTRE



## JUDO REGISTRATION FORM 2016/2017

Male  Female

Registrant's Name \_\_\_\_\_

Date of Birth  
(DD/MM/YYYY)

Winnipeg MB

\_\_\_\_\_-\_\_\_\_\_  
Family Medical #      Personal Medical #

Home Address – Street \_\_\_\_\_

Family  
Medical #

Personal Medical #

Email Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### **Emergency Contacts:**

The following people should be contacted in case of medical emergency, only if parent(s) or guardian(s) cannot be reached:

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_

Phone: (Evening) \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_

Phone: (Evening) \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_

Phone: (Evening) \_\_\_\_\_

### **Medical Information:**

Do you have any allergies, restrictions, or difficulties of any kind (i.e. hearing, speech, vision, behavior) that we should be aware of – please be specific:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIR JOHN FRANKLIN**  
1 Sir John Franklin Road  
(204) 489-9537

**CRESCENTWOOD**  
1170 Corydon Avenue  
(204) 452-9844

**RIVER HEIGHTS**  
1370 Grosvenor Avenue  
(204) 488-7000