



# CORYDON COMMUNITY CENTRE



## JUDO REGISTRATION FORM 2016/2017

Male  Female

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

Date of Birth  
(DD/MM/YYYY)

-

Home Address – Street \_\_\_\_\_ Winnipeg MB

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:

- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: (Day) \_\_\_\_\_  
Phone: (Evening) \_\_\_\_\_
- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: (Day) \_\_\_\_\_  
Phone: (Evening) \_\_\_\_\_
- 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