



BARBADOS JUDO ASSOCIATION

Affiliated to: THE INTERNATIONAL JUDO FEDERATION
THE PAN AMERICAN JUDO UNION, THE BARBADOS OLYMPIC ASSOCIATION

P.O.BOX 871 BRIDGETOWN, BARBADOS, WEST INDIES

COMPETITOR ENTRY FORM

Competition Title					
Competition Date		Venue			
Name of Competitor					
Club					
Date of Birth		Sex		Weight	

Signature: _____ **Date:** _____

Disclaimer

Neither the Barbados Judo Association, any member nor any person associated with the said Association shall be held liable for any injury which may be sustained by any person as a result of any of the Association's activities including competitions and training sessions. Each competitor or his/her parent/guardian is responsible for his/her insurance.

Signature: _____ **Date:** _____

Name: (Parent/Guardian)* _____

Signature:(Parent/Guardian)* _____ **Date:** _____

*Must be completed by parent / guardian if competitor is under 18 years of age

FOR OFFICIAL USE ONLY			
Age (verified by):			
Amount paid		Received by	
Official Weight		Category	
BJA Number		Date	