



United Way  
of Racine County  
*Partner Provider*

SIGN-UP - RACINE YOUTH SPORTS (RYS) JUDO, INC.  
RACINE, WISCONSIN  
YOUTH JUDO LEAGUE WAIVER FORM

**BEFORE SIGNING THIS WAIVER, PLEASE READ CAREFULLY!!!**

**I, the undersigned parent or guardian waive all rights to hold R.Y. S., it's instructors, coaches, officials, officers and the Board of Directors responsible for any injury of my child/children during these training sessions.**

**I also understand that an enrollment fee covering ten weeks of Judo instruction will be charged to my child which is payable at the time of registration, in order to be eligible for the Judo session. I, the undersigned parent or guardian agrees that once my child is placed on the roster and begins practice, but then decides to quit, the enrollment fee is forfeited to the association.**

**To the best of my knowledge, my child is free from any contagious disease or physical/mental defect. My child is physically fit to participate in a physical education program. I understand that the R.Y. S. Association is in no way liable for illness or injury resulting from physical unfitness of my child, and that R.Y.S. RESERVES THE RIGHT TO REQUIRE A MEDICAL EXAMINATION PRIOR TO ACCEPTING A REGISTRATION.**

I CERTIFY THAT I AM THE LEGAL PARENT OR GUARDIAN OF SAID CHILD.

Child's Full Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be 9 years old)

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Name of Family Physician \_\_\_\_\_

Insurance Company \_\_\_\_\_

Parent or Guardian Place of Employment & City \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

LEAGUE OF PLAY JUDO - PLEASE CHECK ONE Beginner \_\_\_\_\_ / Advanced \_\_\_\_\_