

AUSTRALIAN KODOKAN JUDO ASSOCIATION.

ENTRY FORM.

2010 AUSTRALIAN KODOKAN JUDO CHAMPIONSHIPS

Name: _____

Address: _____

State: _____ Post Code: _____ D.O.B. _____

Age: _____ Sex: _____ Judo Grade: _____

Club: _____ Weight: _____

Emergency Name & Contact Phone Number: _____

MEDICAL INFORMATION.

1. *Any pre-existing medical conditions? Y/N If any please detail*

2. *If so, what medication are you prescribed.* _____

3. *Do you have any allergies? Y/N If so please state:*

4. *Are you allergic to Penicillin or other medications? Y/N*

If so please state. _____

Are you covered with Private Health? Y/N

Name of Health Fund _____ *Membership Number* _____

Signed (Parent or Guardian for Minor)

(Date)