**MEMBER REGISTRATION FORM**

**Name** (***please print***) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***First Last***

**Date of birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age** \_\_\_\_\_\_\_\_ **Gender**: M / F

 ***day/month/year***

**Home address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel. number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***home mobile***

**Club/school** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Height** \_\_\_\_\_\_\_\_\_ ***cm*** **Weight** \_\_\_\_\_\_\_\_\_\_ ***kg*** **Rank**: *Kyu\_\_\_\_ Dan\_\_\_\_ Belt colour*\_\_\_\_\_

***Please provide the following information if you are interested in competing in other countries***

 Do you have a valid passport? Yes ( ) No ( ) Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Passport number \_\_\_\_\_\_\_\_\_\_\_ Expiry date \_\_\_\_\_\_\_\_\_\_\_\_ Place of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you have a valid US visa? Yes ( ) No ( ) Expiry date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This form must be submitted to the Judo Trinidad & Tobago along with the following:***

1. ***registration fee of TT$100.00 cash or cheque (please make cheques payable to JUDO TRINIDAD & TOBAGO)***
2. ***copy of birth certificate with photo OR passport (photo) page***

***JudoTT members are entitled to participate at events organized by JudoTT such as tournaments, courses, seminars and the opportunity to represent their clubs and T&T at similar events abroad. Membership is valid for one (1) year from September 30th to August 31st and must be renewed annually.***

***Signature of member***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature of parent/guardian if member is under 18 years*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_