

**Mat-Su Judo, Inc.
Information Sheet
And
Medical Waiver**

Name: _____	
Street Address: _____	
City: _____	Zip: _____
Phone Numbers: _____	
Fax: _____	
Work: _____	
E-Mail Address: _____	
Parents Names: _____	
Age: _____	
Sex: M _____ F _____	
Weight: _____	

Medical Waiver

If a member of the Mat-Su Judo Club is under the age of 18 years, this document must be completed by the members parents or legal guardian if the parents or legal guardian is not attending practice or an event in which the Mat-Su Judo Club will be participating.

I certify that I am the parent or legal guardian of _____
A minor. I will not be in attendance at the judo practice on an event in which the Mat-Su Judo Club will be participating and do hereby designate Howdick Brown Jr., or one of the certified coaches of the Mat-Su Judo, who are over 21 years of age, to be my true and lawful attorney, to act in my name, place, and stead, to do any and every act and exercise any power that I might or could do or excise through any other person and that he/she shall deem proper or advisable, intending hereby to vest in the person acting for me full power and authority to do and perform all and every act and thing.

Signature of parent or legal guardian