



Jikishin Ju Jitsu Association

Member of the BJJ (GB)
Association Secretary
18 Pelham Place
Stanford le Hope

Essex, SS17 8EQ

Telephone: 01375 403269

Membership Application

** Delete as necessary*

First Name: _____

Surname: _____

Address: _____

Occupation: _____

Date of Birth: _____

Telephone: _____

e-mail: _____

Have you ever practiced a Martial Art? :

YES / NO *

If so, please give details of Art and Grade achieved: _____

Do you have any disabilities (Mental or Physical) that could affect your training, do you suffer from any of the following: Migraine, Hay Fever, Haemophilia, Diabetes, Respiratory Problems, Heart Disorders or Conditions, Epilepsy, HIV, AIDS, Hepatitis, Back or Joint Problems, or any other condition which may affect your training? YES / NO *

Have you ever been convicted of, or are you due to stand trial for a crime of violence?

YES / NO *

If Yes, please give details: _____

I declare that the above details are true and correct to the best of my knowledge. I am prepared to accept the possibility of injury and hereby undertake to accept and abide by the rules of the Jikishin Ju Jitsu Association. I am mentally and physically fit enough to undertake Martial Arts training. I understand that the Association has the right to decline application for membership without giving a reason for doing so.

Date: _____

Signature: _____

Parent / Guardian Signature if under 18 years of age: _____

TO BE COMPLETED BY CLUB INSTRUCTOR.

Club Sensei: Earl Walker

Club: Harlow / Ongar*

SENIOR / JUNIOR *

NEW / RENEWAL *

FEE: £ _____

FOR OFFICIAL USE ONLY.

BJJA (GB) Number: _____

Expiry Date: _____

Budo Pass Number: _____

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