



# Jikishin Ju Jitsu Association

Member of the BJJ(GB)

Secretary: Sarah Bull

C/o 24 Oxford Road, Stanford le Hope

Essex, SS17 0NA

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 to **EITHER** of above, 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.**

Earl Walker

Harlow / Ongar\*

**SENIOR / JUNIOR \***

**NEW / RENEWAL \***

**FEE: £**

**FOR OFFICIAL USE ONLY.**

BJJA (GB) Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Budo Pass Number: \_\_\_\_\_