



WAKARISHIN JU-JITSU ASSOCIATION

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MEMBERSHIP APPLICATION

(PLEASE COMPLETE ALL SECTIONS CLEARLY & IN CAPITAL LETTERS)

FIRST NAME: _____

SURNAME: _____

ADDRESS: _____

OCCUPATION: _____

HOME No. : _____

MOBILE No: _____

POST CODE: _____

DATE OF BIRTH: _____

EMAIL: _____

MALE/FEMALE: _____

EMERGENCY CONTACT No: _____

ALL 3 PHONE NUMBERS MUST BE DIFFERENT

NAME & RELATIONSHIP TO STUDENT: _____

Do you hold a current BJJAGB Licence Yes/No? If yes, please give number _____

MEDICAL CONDITIONS

Do you have any disabilities (Physical or Mental) that could affect your training? Do you suffer from any of the following; Migraine, Hay Fever, Hemophilia, Diabetes, Heart Disorders, Respiratory Problems, Epilepsy, Aids, Hepatitis, Back Problems or any other disorder which may affect your training? Yes No If Yes please give details in the additional information box below.

CRIMINAL CONVICTIONS

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 in the additional information box below.

DECLARATION

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 abide by the rules of The Wakarishin Ju-Jitsu Association. I am mentally and physically fit enough to undertake Martial Art Training. I understand that the Association reserves the right to decline an application without giving a reason.

Date: _____

Signature: _____

Parent's Signature _____

If under 18 years of age

ADDITIONAL INFORMATION

WAKARISHIN PRIVACY NOTICE

WHERE DO WE GET YOUR INFORMATION FROM?

We will normally collect personal information about you when you fill in an application form to become a member of Wakarishin Ju-Jitsu Association or when you want to talk to us on the phone, by e-mail or in some other way.

We might collect the following **personal details** about you before, during or after your time as a member, such as

- details of how we can contact you, such as your name, email address, where you live and phone number
- your birthday
- your gender
- information about your health, including any medical condition and health professional information
- criminal convictions
- membership details including when you signed up to be a member and any date you decide to leave us
- records that tell us when you were at our events or competitions
- videos and photos of you
- records of whether you compete at a county/national/international level
- details of family members and other people we might need to contact in case of an emergency
- records of your grading's

WHO HANDLES YOUR INFORMATION

The Head of The Association, The Association Secretary, Club Instructors & Club Secretaries.

RETENTION PERIOD

We will keep your information as follows:-

Students on trial periods will be kept for 3 months

Members of Wakarishin Ju-Jitsu Association will be kept for 3 years from the last point of contact.

SOCIAL MEDIA & PHOTOGRAPHY

Wakarishin take photographs at our club lessons and events and these may be used on our website and our social media pages.

Please indicate if you give permission for you as a senior student or your child as a junior student to have your images included in the use of media and social networks? Yes No

DIRECT DEBIT PAYMENTS

All students who sign up to direct debit: We will retain your information for one month. After this period our copy of the direct debit mandate form will be destroyed by us. The handling of your direct debit will then be between yourselves and Nest Management Ltd.

PRIVACY NOTICE DECLARATION

I have read, understood and agree to The Wakarishin Ju-Jitsu Association Privacy Notice Yes No

Date: _____

Signature: _____

Parent's Signature _____

If under 18 years of age

Print Name _____

TO BE COMPLETED BY THE CLUB INSTRUCTOR

CLUB SENSEI:

NAME OF CLUB:

NEW / RENEWAL

SENIOR / JUNIOR

D/D OR NO D/D

TOTAL PAID £

****THIS MEMBERSHIP FORM WILL BE RETURNED TO THE CLUB SENSEI IF NOT FULLY COMPLETED****

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Official Use Only

BJJA (GB) No. :

Expiry: