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: _____ **NAME**: _____

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

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? If so please give details (continue on a separate sheet if necessary): _____

_____

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 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: _____

TO BE COMPLETED BY THE CLUB INSTRUCTOR

CLUB SENSEI: NAME OF CLUB:

JUNIOR PACKAGE **SIZE 0000/ 000 / 00 GI** **SIZE 0 /1 / 2 GI** **SIZE 3 / 4 GI** **SIZE 5 / 6 / 7 GI**

SENIOR PACKAGE **SIZE 3 / 4 GI** **SIZE 5 / 6 / 7 GI**

SENIOR / JUNIOR NEW / RENEWAL

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

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Official Use Only

BJJA (GB) No. : *Licence No. :* *Expiry:*