



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: _____

Postcode: _____

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; Any Other Communicable Disease; 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: _____