



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: _____

RELATIONSHIP TO STUDENT _____ ALL 3 PHONE NUMBERS MUST BE DIFFERENT

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? Yes/No If YES, please give details on the reverse of this form.

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 on the reverse of this form.

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 If NO, please give details on the reverse of this form.

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

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: _____ VERSION JANUARY 2017