

YDACHI KEMPO JU JITSU

APPLICATION FOR REGISTRATION OF NEW MEMBER

(Please Complete in Block Capitals. Any application forms not completed in full cannot be processed)

JUNIOR / SENIOR _____
MR / MRS / MISS / MASTER _____
SURNAME _____
FORENAME _____
ADDRESS _____
TOWN _____
COUNTY _____
POSTCODE _____
DATE OF BIRTH _____
TELEPHONE _____
OCCUPATION _____
NAME AND LOCATION OF CLUB _____

1. Have you ever practiced martial arts before?
If yes please give details: _____
2. Do you hold a current licence? (If yes please enclose a copy)
3. Do you suffer from any of the following?
Migraine Epilepsy Hay Fever
Nervous Disorders Haemophilia Respiratory problems
Heart Disorders
Other Disorders. (Please detail) _____
4. Have you a criminal record or had any charges brought against you?
If yes please detail _____
5. Do you accept that details regarding your registration and training will be stored on a database?

DECLARATION

In completion of this form of application for registration to YDACHI Kempo Ju Jitsu Association, I accept that participation in a martial art carries the risk of serious injury, and I hereby exonerate the Said Association from losses either personal, or of articles or injuries of any nature or cause what so ever. I further declare that I am fit to train in the Martial Arts. If I should cease to train or resign or allow my membership to lapse, I will return all documentation, any loaned equipment, and that all my grades-will cease to be recognised due to inability to be monitored. I will not teach nor demonstrate the Ju-Jitsu skills. I have been shown without written consent and completion of all the criteria required by the Governing Body the B.J.J.A.GB. I agree to abide by the rules and regulations of the YDACHI Kempo Ju Jitsu Association.

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EMERGENCY TRANSPORT REQUEST.

In the unlikely event of myself or my child suffering injury / incapacity during a training session at a YDACHI Kempo Ju Jitsu Accredited Training Center, I give my permission to be transported to the nearest Hospital to receive whatever Emergency treatment is required. I understand that my child or I may be accompanied by only one person to the intended destination and that I hereby give my full consent.

Signature _____ Date _____
(Parent or guardian if under 18)

Doctor's note of fitness must be enclosed if you are over 40

Senior Registration fee £ _____ Junior Registration Fee £ _____

Both fees include your Insurance Cover, Budo Pass, Membership of YDACHI Kempo Ju Jitsu, and Membership to the British ju jitsu Association (BJJA.GB).