



Application for Membership

Please ensure all information is completed in full in CAPITALS.

Registration Type: Junior <input type="checkbox"/> New <input type="checkbox"/> Senior <input type="checkbox"/> Renewal <input type="checkbox"/> Current Licence Expiry: (Must be completed with renewals) _____	Club Number: Reason for membership dates not running consecutively: -
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Personal Details:	
Surname:	Forename(s):
Title:	Date of Birth:
Home Address:	
Postcode:	
Home Telephone:	Mobile:
Email:	

1. Current WJJF Grade (Renewals only)

2. Have you ever been convicted of a crime of violence?

Yes No

If yes, please give brief details:

3. Do you suffer from any of the following?

Migraine Epilepsy Hay Fever

Diabetes Nervous Disorders

Heart Disorders Asthma

Haemophilia or Respiratory Problems

Other ? (please state):

DECLARATION: - In completion of this application for registration to the World Ju-Jitsu Federation, I accept that participation in a martial art carries the risk of serious injury and I hereby exonerate the World Ju-Jitsu Federation from losses, either personal, or of articles, or injuries of any nature or cause whatsoever. I further declare that I am fit to train in martial arts. By completing this form, I accept that details regarding my registration and on-going training will be stored on a computer database.

SIGNATURE _____ DATE _____

Signature of parent or guardian is required if the applicant is under the age of 18 years

Please state the relationship to applicant if signing on his/her behalf: _____