



JIKISHIN JU-JITSU ASSOCIATION

MEMBER OF THE UKMAGB.

Head of Association: Hanshi Brian Herbert 8th Dan
50 Hackamore, Thundersley, Benfleet, Essex, SS73DU
Email: bherbert.jikishin@blueyonder.co.uk

MEMBERSHIP APPLICATION

(PLEASE COMPLETE ALL SECTIONS IN CAPITAL LETTERS)

FIRST NAME: _____ SURNAME: _____
MALE / FEMALE* _____ DATE OF BIRTH: _____
ADDRESS: _____ POST CODE: _____
_____ TEL NO: _____
_____ OCCUPATION: _____
EMAIL ADDRESS: _____

Have you ever practiced any Martial Art? Yes/No* If Yes, please give details of Art & Grade :

_____ 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, Haemophilia, Diabetes, Heart Disorders, Respiratory Problems, Epilepsy, Aids, Hepatitis, Back Problems or any other disorder which may effect you training? If so please give details (continue on the rear of this sheet if necessary):

_____ Have you been convicted of a violent crime? 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 Jikishin Ju-Jitsu Association & Code of Conduct of Hando Ju Jitsu Clubs. 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 _____

IF UNDER 18 YEARS OF AGE:

Parent/Guardian Name: _____

Parent/Guardian signature: _____

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

TO BE COMPLETED BY THE CLUB INSTRUCTOR

CLUB SENSEI: **Earl Walker** NAME OF CLUB: **Hando Jikishin Ju Jitsu Clubs**
FEE ENCL: _____ SENIOR/JUNIOR* _____ NEW/RENEWAL* _____

Official Use Only. Association Secretary Sarah Bull

UKMAGB No: _____

Licence No: _____

Expiry _____
