

Brackley Ju-jitsu Club

Membership Form

Bushido Ju-Jitsu Academy



Chief class Instructor: Sensei W. Jackson - Class Instructor: Sensei C. Carruthers

Personal Details

Forename(s): _____ Date of birth: _____
Surname: _____ Telephone No: _____
Address: _____ Email: _____

Postcode: _____

The practice of Ju-Jitsu can be physically demanding. If you suffer from heart or respiratory disorders or you are over the age of 40 or if you any known allergies, illnesses or injuries which may be worsened by your participation in Ju-Jitsu it is recommended that you consult your doctor before commencing training. Please advise your instructor if you are unsure as to whether or not you are fit enough to participate. If for any reason you are unable to sign the declaration please discuss the reasons for this with your instructor.

Declaration

I wish to become a member of the Brackley Ju-Jitsu Club and the Bushido Ju-Jitsu Academy. I agree to abide by the rules of both and will uphold the spirit and traditions of the Martial Arts. I understand and accept that the practise of Ju-Jitsu involves the risk of injury. To my knowledge I do not suffer from any illness, allergy or injury which may be worsened by my participation in Ju-Jitsu and I confirm that I am fit to participate. I confirm that I have never been convicted of a crime of violence.

Signature: _____ Date: _____

Signature of Parent of Guardian is under the age of 18: _____

Membership:

Junior £20 Senior £30

Please give details of any previous Martial Arts experience.

Martial Art	Style	Grade Attained	Date Attained

FOR OFFICIAL USE ONLY: Membership Number.....Expiry Date.....