



# Application for Membership

Please ensure all information is completed in full in CAPITALS.

|   |   |
|---|---|
| Registration Type:<br>Junior <input type="checkbox"/> New <input type="checkbox"/><br>Senior <input type="checkbox"/> Renewal <input type="checkbox"/><br><b>Current Licence Expiry:</b><br>(Must be completed with renewals) _____ | Club Number: _____<br><br>Reason for membership dates not running consecutively: -<br><br>Membership Number _____ |
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## Personal Details:

|                 |                |
|-----------------|----------------|
| Surname:        | Forename(s):   |
| Title:          | Date of Birth: |
| Home Address:   |                |
|                 |                |
| Postcode:       |                |
| Home Telephone: | Mobile:        |
| Email:          |                |

- |   |  |
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| <p>1. Current WJJF Grade (Renewals only)</p> <p>_____</p> <p>2. Have you ever been convicted of a crime of violence?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please give brief details:</p> <p>_____</p> <p>_____</p> | <p>3. Do you suffer from any of the following?</p> <p><input type="checkbox"/> Migraine    <input type="checkbox"/> Epilepsy    <input type="checkbox"/> Hay Fever</p> <p><input type="checkbox"/> Diabetes    <input type="checkbox"/> Nervous Disorders</p> <p><input type="checkbox"/> Heart Disorders    <input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Haemophilia or Respiratory Problems</p> <p>Other ? (please state):</p> <p>_____</p> |
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**DECLARATION:** - In completion of this application for registration to the World Ju-Jitsu UK CIC, I accept that participation in a martial art carries the risk of serious injury and I hereby exonerate the World Ju-Jitsu UK CIC 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. The World Ju-Jitsu UK CIC has a Data Privacy Policy which can be found on our website. By signing this form, you are agreeing that your data will be stored and used in accordance with this Policy.

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: \_\_\_\_\_