



## BUDOKAN JU-JITSU CLUB

### MEMBERSHIP FORM

TITLE (eg. Mr, Mrs, Dr, Sensei ) : \_\_\_\_\_

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

TELEPHONE HOME \_\_\_\_\_

TELEPHONE MOBILE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

CLASS INSTRUCTOR **SENSEI DAVE WILLIAMS, NIDAN , CHIEF INSTRUCTOR BUDOKAN JU-JITSU**

CLUB NAME **BUDOKAN JU-JITSU CLUB**

CLUB OPEN **TUESDAY 6.30PM TILL 9.15PM**

VENUE ADDRESS **HALE YOUTH CENTRE, HIGH STREET, HALE VILLAGE, LIVERPOOL L24**

PREVIOUS EXPERIENCE ( if any, eg 1 years ju-jitsu ) \_\_\_\_\_

CURRENT GRADE OR RANK ( if any ) \_\_\_\_\_

#### MEDICAL INFORMATION

BLOOD GROUP ( if known ) \_\_\_\_\_

LIST ANY CONDITIONS THAT MIGHT REQUIRE MEDICAL TREATMENT ? OR ANY KNOWN ALLERGIES ( inc to medication ), PLEASE ALSO LIST ANY MEDICATION YOU USE BELOW

#### IN THE UNLIKELY EVENT OF INJURY

WHO SHOULD WE CONTACT ON YOUR BEHALF

NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

I WISH TO APPLY FOR MEMBERSHIP OF THE **BUDOKAN JU-JITSU CLUB** I AGREE TO ABIDE THE RULES AND REGULATIONS OF THE CLUB , AND THE KODAI RYU INTERNATIONAL OF WHICH WE ARE AFFILIATED. I UNDERSTAND THAT IN CONSIDERATION OF PARTICIPATING IN THE CLUB AND BY SIGNING THIS MEMBERSHIP FORM, I AM AGREEING TO AND DECLARING THE FOLLOWING STATEMENTS.  
THAT I AM SUFFICIENTLY FIT AND HEALTHY TO PARTICIPATE IN TRAINING AT THE **BUDOKAN JU-JITSU CLUB**.  
THAT I RECOGNISE THAT TRAINING HAS INHERENT RISKS, INCLUDING INJURY ,  
I ALSO HAVE BEEN ADVISED TO GET MEMBER TO MEMBER INSURANCE WHICH IS PAYABLE YEARLY.  
I ALSO HAVE TO PROVIDE TWO PASSPORT PHOTOS, ONE FOR MY LICENCE AND ONE FOR THE CLUBS RECORDS.

#### PHOTOGRAPHY AND RECORDING OF IMAGES

I GIVE PERMISSION TO BUDOKAN JU-JITSU CLUB TO VIDEO , TAKE PHOTOS FOR THE BENEFIT OF THE CLUB, TO USE FOR PUBLICITY TO PROMOTE THE CLUB ON THE WEB AND OTHER FORMS OF MEDIA.  
IF THE APPLICANT IS UNDER 18 YEARS OLD A PARENT OR GUARDIAN MUST SIGN

SIGN \_\_\_\_\_ PRINT \_\_\_\_\_

**ADULT LIFETIME MEMBERSHIP £22.00**  
**JUNIOR LIFETIME MEMBERSHIP £20.00**

**PAID**  
**PAID**

STAMP	

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

IF THE APPLICANT IS UNDER 18 YEARS OLD A PARENT OR GUARDIAN MUST SIGN