

APPLICATION FORM FOR **YEARLY** MEMBERSHIP OF THE.....
ANGLO JAPANESE JU-JUTSU AND JUDO ASSOCIATION.

Please fill out the form completely.

Full Name:.....Mr Mrs Miss Ms Master

Full Address:.....
.....

Home Phone:.....E-Mail.....

Date of Birth:.....

Do you suffer from any of the following? If so please tick.
Heart problems Haemophilia Diabetes Epilepsy Asthma Migraine Nervous Disorders

Please specify any other health concerns.....

Do you have any criminal convictions? Yes No

I have read and agree to abide by all the rules and regulations of the centre now in force and understand that I will not be allowed to train unless my fees are paid up to date.
I also understand that the centre shall not be liable for any injury sustained.

Signature..... Date.....
(or of Parent/ Guardian if under 18 years of age)

Please tick: Senior Student Junior Student New Application Renewal Application
_____ This half is to be kept in club files _____

AJJA Membership Form: Judo / Ju-Jutsu centre

Forename: Mr Mrs
Miss Ms Master

Surname:

Full Address:

Post Code

Home Phone: **Mobile:**

E-Mail:

Date of Birth: Date:

Please Tick: Senior Student First Application
Junior Student Renewal Application

All cheques made payable to A. J. J. A. :- Your licence will take approximately 4 weeks to process.