

THE BUSHIDO ACADEMIES [1976]

W.J.J.F MEMBERSHIP FORM

[PLEASE USE BLOCK CAPITALS]

NAME DATE

ADDRESS

.....

.....

..... POST CODE

DATE OF BIRTH TELEPHONE

CLUB NO -150 / 2007. AREA [COUNTY]

HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE?

[GIVE DETAILS]

.....

DO YOU HOLD A CURRENT W.J.J.F. MEMBERSHIP --- YES / NO

EXPIRY DATE

DO YOU PRACTISE ANY OTHER MARTIAL ART WITHIN THE BUSHIDO

ACADEMIES – PLEASE TICK

JU-JITSU.....KOBUDO.....KICK-JUTSU

DO YOU SUFFER FROM ANY OF THE FOLLOWING:-

MEGRAINE-EPILEPSY-HAY FEVER- NERVOUS DISORDERS-HEART DISORDERS-

HAEMOPHILIA-RESPIRATORY PROBLEMS.

IF SO, GIVE DETAILS.....

DECLARATION

IN COMPLETION OF THIS FORM FOR MEMBERSHIP WITH THE WORLD JU-JITSU FEDERATION,

I ACCEPT THAT PARTICIPATION IN A MARTIAL ART CARRIES RISK OF SERIOUS INJURY. I

HEREBY EXONERATE THE W.J.J.F AND BUSHIDO ACADEMIES 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 AND WILL ABIDE BY THE

RULES LAID DOWN BY THE WORLD JU-JITSU FEDERATION.

SIGNATURE [PARENT IF UNDER 18]