



Leicester Ju Jitsu Registration Form

Name	
Date Of Birth	
Address <i>(please include Postcode)</i>	
Phone Number	
Emergency Contact Name	
Emergency Telephone Number	
Email Address	
WJFF Insurance date	
Medical Details: Do you suffer from any of the following: Migraine Epilepsy Hay Fever Nervous Disorders Heart Disorders Haemophilia Respiratory Problems Any other you feel we should be aware of If so please give details...	

Declaration....

In completion of this form for membership to the Leicester Ju Jitsu Club, I accept that participation in a martial art carries risk of serious injury. I hereby exonerate the Leicester Ju Jitsu Club 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 Leicester Ju Jitsu Club. In the unlikely event of injury, I give permission for a qualified first aider of the club to administer treatment as they see fit.

Signature <i>(parent or guardian if under 18)</i>	
Date	
At times we may take photographs and videos of you whilst attending a training session. Please indicate whether you are happy for these to be used on our website or in future advertising.	YES / NO

www.leicesterjujitsu.co.uk | info@leicesterjujitsu.co.uk

