



# KOKORO KAI JU-JITSU

## MEMBERSHIP APPLICATION FORM

<b>FULL NAME</b>	<b>DATE OF BIRTH</b>
<b>ADDRESS/POST CODE</b>	<b>MALE/FEMALE</b>
<b>WHAT ARE YOU REASONS FOR TAKING UP JU-JITSU &amp; WHAT DO YOU HOPE TO ACHIEVE?</b>	<b>MOBILE NO:</b>
<b>WHERE DID YOU HEAR ABOUT US?</b>	<b>E-MAIL:</b>

Do you have any Disabilities (Physical/Mental or Special Needs that could affect your training? Do you suffer from any of the following: Migraine, Hay Fever, Hemophilia, diabetes, Heart Disorders, Respiratory Problems, Epilepsy, Aids, Hepatitis, Back Problems or any other disorder which may affect you being able to participate? If so, please give details (continue on separate sheet if necessary).....

### Declaration

In completion of this form of application for registration to Kokoro Kai Ju-Jitsu I accept that participation in martial arts carries a risk of serious injury and I hereby exonerate the said association from losses either personal, or of articles or injuries of any nature or cause whatsoever. I understand that Ju-Jitsu is a contact sport/martial art and give permission for appropriate contact to be made with myself and or my child when being instructed in the context of martial arts. I further declare that I am fit to train in the martial Arts. If I should cease to train or resign or allow my membership to lapse I will return all documentation, any loaned equipment, and that all my grades will be ceased to be recognised by the Governing Body the B.J.J.A.GB. I agree to abide by the rules of the above and train only in the system of Kokoro Kai.

### PARENT/GUARDIAN CONSENT FOR ELECTRONIC RECORDING, PHOTOGRAPHY, VIDEO & OR PUBLISHING

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(Kokoro Kai Ju-Jitsu. *Club Name* :.....)

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Signature; \_\_\_\_\_ Date \_\_\_\_\_

<b>Club &amp; Name of Sensei</b> .....	<b>Fee Enclosed £</b> .....
<b>LITTLE WARRIOR: NEW/REN</b> .....	
<i>Official Use Only: BJJ A(GB) No:</i>	<i>License No:</i>
	<i>Expiry:</i>