

CLUB MEMBERSHIP APPLICATION FORM

We are very pleased to welcome your application to join this club. To ensure that we have the correct contact details for you, please complete the information requested on these pages and return this form to the club instructor.

If you are under 18 years of age, please ask your parents or guardian to complete and sign this form before it is returned. We will use this information to ensure that you are kept informed of club and national events, and to register you with our national organisation.

I wish to apply to become a member of my club and the NZJJF my arts governing organisation. If my application is accepted, I agree to abide by the rules and etiquette of the club. I also declare that I will be respectful of other members at all times and will participate in the true spirit of my art.

NAME:			
DATE OF BIRTH:		GENDER:	Male / Female
ADDRESS:			
HOME PHONE:		MOBILE:	
E-MAIL:			

INFORMATION PRIVACY AND MEMBER'S PERSONAL INFORMATION

I agree to the collecting and storing of the personal information supplied. I understand the information can be shared and accessed by club, by the national association, and by authorised officials when required for Ju Jitsu purposes only (including for funding / sponsorship applications.)

HEALTH INFORMATION

It is essential that the Club Instructor is informed of any health problems (this will not necessarily prevent participation in Ju Jitsu. Please indicate (circle) whether or not you have suffered in the past or now suffer from a health problem.

EPILEPSY	Yes	No	CONGENITAL HEART DISEASE	Yes	No
ASTHMA	Yes	No	SPINAL PROBLEMS	Yes	No
DIABETES	Yes	No	ANY OTHER BACK TREATMENT	Yes	No
SEVERE HEAD INJURY	Yes	No	PREVIOUS SPINAL INJURY	Yes	No
BLEEDING DISORDER	Yes	No	PREVIOUS SKULL FRACTURE	Yes	No
JOINT INSTABILITY	Yes	No	PREVIOUS BRAIN SURGERY	Yes	No
ANY OTHER CONDITION	Yes	No	ANY MEDICATION REQUIRED	Yes	No

If you have answered YES to any of the above please give full details below ;

--	--	--

EMERGENCY CONTACT DETAILS (Please provide contact details for person(s) who should be contacted in case of an incident / accident)

	#1	#2
Contact Name:		
Contact Number:		

INDEMNITY

I understand that Ju Jitsu is a physically demanding martial art and a full contact sport, and I agree to participate at my own risk. I accept that I am participating on a voluntary basis and I agree to lay no blame on any person or organisation in the event of an accident or injury while undertaking any activities. I understand that in the event of any injury or illness all reasonable steps will be taken to contact my nominated emergency contact person(s), and I agree to allow any injury / illness to be dealt with appropriately.

Signature:		Date:	
Signature of Parent/Legal Guardian if under 18 years of age			
FULL NAME of PARENT/LEGAL GUARDIAN:			