

THE JITSU FOUNDATION 32 Gay Street Bath BA1 2NT
STRICTLY CONFIDENTIAL INDIVIDUAL MEMBERSHIP APPLICATION FORM

2000 - 2001

(PLEASE PRINT CLEARLY)

First Name Last Name..... Title Mr/Master/Mrs/Ms/Miss

Address Date of Birth.....

Post Code..... Tel: Code..... Number.....

e.mail:.....

It is essential that the Club Instructor is informed of any severe health problems (this will not necessarily prevent participation in Jitsu). Please indicate (*tick*) **whether or not** you have suffered in the past or now suffer from any health problem including but not limited to:

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, together with details of any injuries that may prevent or affect training.....

(If further space is needed please indicate above that you are attaching separate sheet with this application)

I understand that Jitsu is a physically demanding martial art based on striking, locking and throwing techniques and is thus classified as a full contact sport. I accept that I am participating on a voluntary basis and have been made aware of the nature of the art and the risks involved. I declare that I have understood the nature of Jitsu and that the information I have given is full and accurate.

Signature.....Date.....

Signature of Legal Guardian if under 18 years of age.....Date.....

THIS SECTION MUST BE FULLY COMPLETED AND SIGNED BY THE CLUB INSTRUCTOR (Please tick)
existing Licence Number must be stated when making renewal application

SENIOR New Licence	.....	£13.00		
SENIOR Renewal	.....	£11.00	Existing Licence No	Expiry Date
JUNIOR New Licence	.....	£9.00		
JUNIOR Renewal	.....	£9.00	Existing Licence No	Expiry Date

GRADE: Novice Yellow (I-II-III) Orange (I-II-III) Green Purple Light Blue Dark Blue Brown Black

Application approved by: *Signature of Club Instructor* Name (*Please print*) Simon Pegg

Full Name of Club: Buckinghamshire Chilterns University College

Instructor's address for return of Licence: Flat 7, 45 Summerleys Road, Princes Risborough, Bucks, HP27 9DS

Cheques payable to: **THE JITSU FOUNDATION** Please do not send CASH in the post unless by recorded delivery!
 DO NOT SEND PHOTOGRAPH WITH APPLICATION - THIS IS TO BE INSERTED IN LICENCE BOOK BY CLUB INSTRUCTOR