



Leicester Ju Jitsu Registration Form

Students Name	
Students Date Of Birth	
Address <i>(please include Postcode)</i>	
Landline Phone Number:	
Your Mobile:	
Email Address:	
Emergency Contact Name 1	
Emergency Telephone Number 1	
Emergency Contact Name 2	
Emergency Telephone Number 2	
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...	<i>State "NONE" if none.</i>

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 for training and promotional purposes, please indicate if you are happy for this to occur; YES / NO

