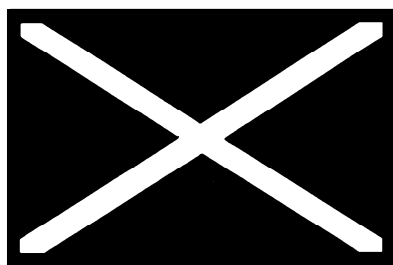


Scottish Ju Jitsu Association



LICENCE APPLICATION FORM

Junior ☐

Registration ☐

Re-Registration ☐

Senior ☐

Renewal ☐

(Tick where applicable)

*PATRONS: LORD LYELL OF KINNORDY
LORD PROVOST OF DUNDEE CITY*

Surname

Forenames

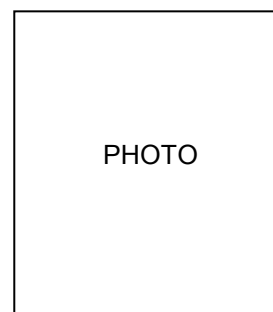
Address

Town Post Code

Tel No. () Email

STD CODE

Date of Birth Occupation



Have you ever practised a martial art?

YES / NO

If YES, please give details, including affiliation and grade obtained:

Do you hold a current licence to practice Ju Jitsu?

YES / NO

If YES, please give the licence number and Association that issued it:

Association Licence Number Expiry Date

Do you suffer from any of the following?

Migraine Epilepsy Hay Fever Nervous Disorders Heart Disorders Haemophilia
Aids Diabetes Respiratory Problems (e.g. Asthma, etc.)

Have you ever been convicted of a crime?

YES / NO

If YES, please give details:

Do you accept that participation in Ju Jitsu and Self Defence involves the risk of serious injury? YES / NO

Do you object to the Association holding your membership record on Computer? YES / NO

I agree to abide by the Constitution and Rules of the organisation.

Signature Date

(Signature of Parent or Guardian if the applicant is under 16 years of age)

PLEASE RETURN THIS FORM TO THE ADDRESS SHOWN OVERLEAF WITHIN

MUST BE COMPLETED BY THE CLUB SECRETARY OR LEADER - PLEASE PRINT

Name of Club Instructor Club

Amount Paid: £ Date Paid

OFFICIAL USE ONLY

Date Payment Rec'd: Licence No.: Expiry Date: Renewal Month: