



In association
with



Private and confidential
New application / Update for individual membership

Surname.....

Forenames.....

Address.....

.....Post Code.....

Home Tel No.....Mobile Tel No.....

Date of Birth.....

Have you done a Martial Art before? YES / NO If YES please give details below.

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How did you hear about our club?

Have you ever been convicted of a criminal offence involving Violence, Physical or Mental Trauma? YES / NO

If YES, give brief details

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Medical History

Do you have/or had any medical condition that may cause any implications when participating in physical exercise?

Heart operations, disorders or others

Head operations, disorders, injuries or others

Spine or neck operations, disorders, injuries or others

Circulation problems, Haemophilia, Hepatitis, HIV/AIDS or others

Asthma or any other Respiratory disorder, Diabetes, Migraines, Dizziness, Fainting, Epilepsy,

Nervous system disorders,

Bone breaks of any kind within the last year

Operations of any kind within the last year

Joint dislocations of any kind within the last year

Psychological disorder?
Are you Pregnant
Are you taking any medication?

YES

NO

If answered YES above, please explain below and ensure that you have sought medical advice that you are fit to train (**we reserve the right to ask for a Doctors letter confirming you are fit to train if we have any reason to doubt your fitness**) then sign and date the form.

If answered NO above, please sign and date the form.

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I confirm that my instructor has explained to me the training methods used in this martial art. I understand and accept that the practice of martial arts involves the risk of injury. Please note that everyone regardless of age is advised to have a medical annually. If anyone is in doubt as to their fitness to train they should consult a doctor before beginning.

Data Protection = We will keep the information that you supply on this form for the sole purpose of Membership of the association (membership of the Oxford School of Ju-Jitsu is also membership of the Tajima Ju- Jitsu club in Chester).

The information you supply will be held confidentially, but you are advised that some or all of the membership information will be seen by both clubs instructors and the medical information will, for your safety be shared with any nominated first aiders in attendance. The information given may also be shared with our insurance company if requested by them.

By signing this application you agree to the sharing of this information and confirm that all the information you have provided is honest and accurate.

Applicants signature.....Date.....

Applicant's title and printed name.....

Parent / Guardian's declaration (to be completed for all applicants under the age of 18 years of age):

I confirm that I consent to the above application and that I have been informed of and accept the nature of potential risk of martial arts training by the club instructor. I also confirm that I have read the form in full.

Parent or guardian's signature.....Date.....

Parent/Guardian's title and printed name.....

Relationship to student.....

Emergency contact no's...../.....

Please notify us of any changes to the details that you have provided, particularly the answers to the medical section.

Oxford School of Ju- Jitsu and the Tajima Ju-Jitsu Club (Chester) Reserves the right to refuse this application.