

# Student Induction Form

To apply for membership / insurance of World Ju-Jitsu, Ireland



**Club Name:** LURGAN & TANDRAGEE JU-JITSU CLUB **Start Date:** 14/03/2024

\*Form should be filled out by a parent or guardian on a child's behalf. PLEASE COMPLETE IN LEGIBLE BLOCK CAPITALS.

**Name** JOHN SMITH

**D.O.B** 01/01/2015

**Address** 1 SMITH ROAD, SMITHTOWN

**Phone** 07789789789

**Post Code** BT66 3SM

**Mobile** 07789789789

**Email Address:** smith@email.com

**Name of who to contact in an emergency  
(& relationship to student):** JOHN SMITH SR (PARENT)

**Phone** 07789789789

## MEDICAL INFORMATION

**Please state any medical conditions which may be aggravated by exercise** NA

**Please circle any of the following that apply...**

Heart Trouble	High Blood Pressure	<input checked="" type="checkbox"/> Chest Pains	Nervous Disorders
Migraine	Haemophilia	<input type="checkbox"/> Diabetes	Faint / Dizzy Spells
Asthma	Seizures	<input type="checkbox"/> HIV	<input checked="" type="checkbox"/> Hernia
ADD/ADHD	Back Pain	<input type="checkbox"/> Hay fever	Allergy <input type="checkbox"/> NON
<b>Other</b> NON			

## DECLARATION

I agree to abide by all rules, notices and terms of membership and at all times uphold the traditions and spirit of Martial Arts. It is accepted and understood that participation in the Martial Arts carries the risk of injury, as in all contact sports. I understand that the WJJF Logo, its trademarks and designs, can only be used with prior written consent of that organisation. I declare I am fit to train in the Martial Arts.

**I consent to photographs and / or filming for sporting purposes or PR under WJJF supervision** YES ☐ NO ☒ (If you do not consent please make your instructor aware of this)

**Have you ever been convicted of a crime of violence?** YES ☐ NO ☒

**If yes, please give details:**

**Signed** *J Smith* **Date** 06/03/2024

**(to be signed by Student or Parent / Guardian, if student is under 18yrs) Relationship to Student** PARENT

## Finally how did you hear about us?

(eg. friend / poster / flier / demonstration / article in paper / advert etc.) SOCIAL MEDIA

## Thank-you for your co-operation

It is the policy of our Governing Body that all individuals training should be fully insured and in membership. We appreciate you may need some time to evaluate if you wish to continue with the sport, & therefore you have 21 days in which to pay the membership fee below and validate your insurance. Should you not fulfil this, the place will be offered to another student.

## New Membership Payment (including insurance for one year from start date).

**JUNIOR 5-15yrs** £25 ☐

**SENIOR 16yrs +** £31 ☐

**Signed:** *William Watson* (Instructor) **Date** 06/03/2024

**Official use only:** Pd: ..... Initial: ..... Budo No: ..... Sent out: ..... Exp date: .....  
Void: ..... Initial: .....