

Student Induction Form

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

World **JuJitsu**
Federation Ireland



Club Name: LURGAN & TANDRAGEE JU-JITSU CLUB **Start Date:** 12/03/2024

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

Name PAUL TWOSDALE **D.O.B** 02/02/2015
Address 2 TWOSDALE AVENUE, LURGAN **Phone** 07745456456
Post Code BT66 3FD **Mobile** 07745456456
Email Address: twosdale@email.com

Name of who to contact in an emergency
(& relationship to student): JOAN TWOSDALE (PARENT) **Phone** 07745456456

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	Chest Pains	Nervous Disorders
Migraine	Haemophilia	Diabetes	Faint / Dizzy Spells
Asthma	Seizures	<input checked="" type="checkbox"/> HIV	Hernia
ADD/ADHD	Back Pain	Hay fever	Allergy NA
Other NA			

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: SHOP LIFTING

Signed *Paul Twosdale* **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.) GOOGLE SEARCH

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: