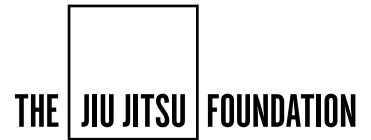


2018/19

LICENCE & RENEWAL APPLICATION

Strictly confidential individual membership application form

Please print details clearly in ink



First Name	_____	Tel: Home	_____
Last Name	_____	Tel: Mobile	_____
Home Address	_____	Date of birth	_____
	_____	Email	_____
Post Code	_____		

Term Address	_____	Post Code	_____
	_____	University Attended	_____

It is essential that the Club Instructor is informed of any severe health problems or current medical conditions which may affect your ability to exercise (this will not necessarily prevent participation in Jiu Jitsu). Please indicate (tick) if you have in the past or now suffer from any medical condition which may affect your ability to exercise including but not limited to:

- | | | |
|---|---|--|
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> SPINAL PROBLEMS | <input type="checkbox"/> SEVERE HEAD INJURY |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> PREVIOUS SPINAL INJURY | <input type="checkbox"/> PREVIOUS SKULL FRACTURE |
| <input type="checkbox"/> EPILEPSY | <input type="checkbox"/> ANY OTHER BACK TREATMENT | <input type="checkbox"/> PREVIOUS BRAIN SURGERY |
| <input type="checkbox"/> CONGENITAL HEART DISEASE | <input type="checkbox"/> JOINT INSTABILITY | <input type="checkbox"/> ANY MEDICATION REQUIRED |
| <input type="checkbox"/> CURRENT PREGNANCY | <input type="checkbox"/> BLEEDING DISORDER | <input type="checkbox"/> ANY OTHER CONDITION |

If you have answered YES to any condition above from which you have fully recovered please provide further details, including the date when you completed your recovery. If you have answered YES to Asthma, Diabetes or Epilepsy please give details of how you manage your condition. If you have answered YES to anything else above or have any other conditions or injuries that may prevent or affect training please supply a letter from a medical professional to your Club Instructor before participating in training (addressed To Whom It May Concern):

(If further space is needed please indicate above that you are attaching a separate sheet with this application.)

The Jitsu Foundation Ltd is GDPR (General Data Protection Regulation) compliant and will process the data you have provided on this application in accordance with TJJF Members Privacy Notice www.jitsufoundation.org/wp-content/uploads/2018/05/TJJF-Members-Privacy-Notice.pdf. I confirm I have read TJJF Members Privacy Notice.

Signature of student or Legal Guardian if under 18 years of age _____ Date _____

It is a criterion that all clubs, regions and affiliated bodies require staff, coaches, officials, administrators, parents and participants to adopt and abide by TJJF Child Protection Policy, Health and Safety Policy and Mandating Issuing Policy. These are available at www.jitsufoundation.org/policy. Breaches of these Policies and other relevant codes of conduct/ethics will result in disciplinary action being taken under TJJF Complaints & Conduct Procedures.

I understand that Jiu Jitsu is a physically demanding martial art based on striking, locking and throwing techniques and is thus classified as a full contact sport. I accept that I am participating on a voluntary basis and have been made aware of the nature of the art and the risks involved. I certify that to the best of my knowledge and belief, the information given in this application is correct. If accepted as a licence holder of The Jitsu Foundation Ltd, I agree to abide by the Articles of Association and By-laws together with any amendments made during the term of my licence.

Signature of student or Legal Guardian if under 18 years of age _____ Date _____

PHOTOGRAPHY CONSENT

We wish to ask your permission to take photographs and video for the purpose of capturing moments at events. These images may be published on social media and our website and used in video we produce for the purpose of marketing. All images will be stored securely in accordance with our Data Protection Policy. We may archive photographs and video in a restricted access unstructured filing system to provide a record of the history of our style.

May we use photographs and video containing images of you / your child at events and sessions of TJJF, its regions and affiliated clubs (please tick one box)? Yes No

Please note that websites can be viewed throughout the world, not just in the United Kingdom where UK law applies.

Your consent choice will be rechecked prior to every event you are registered to attend and is valid for 5 years from the date of the event. If you have ticked 'No' or haven't provided an answer above we will ask you to wear a visual indicator to confirm this. All juniors at events will be asked to wear visual indicators. Refusal to wear an indicator will prevent us complying with your preference to not be included in photographs and video.

Signature of student or Legal Guardian if under 18 years of age _____ Date _____

Existing TJJF License Number must be stated when making renewal applications.

SENIOR NEW LICENCE (£30.00) JUNIOR NEW LICENCE (£18.00) EXISTING TJJF LICENCE NUMBER _____

CURRENT TJJF GRADE _____ EXPIRY DATE _____

Full name of club _____

Payment by BACS is more secure (email for details). Cheques payable to THE JITSU FOUNDATION LTD. Only send personal cheques if you are the account holder. Do NOT send cash in the post. Send licences to: The Jitsu Foundation Ltd, PO Box 5068, Bath BA1 0QD

OPTIONAL INFORMATION

EQUITY POLICY

It would be helpful to TJJF in monitoring the effectiveness of our equity policy if you would complete this form. All information is confidential.

Ethnic origin

Choose one category from A to E and then tick the appropriate box to indicate your cultural background:

A. WHITE

- British
- Irish
- Any other white background
(please write in)
- _____

B. MIXED

- White and black Caribbean
- White and black African
- White and Asian
- Any other mixed background
(please write in)
- _____

C. ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
(please write in)
- _____

D. BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other black background
(please write in)
- _____

E. CHINESE OR OTHER ETHNIC GROUP

- Chinese
- Any other (please write in)
- _____

DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial and long-term adverse effect upon their ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

(You may wish to use one of the following categories: visually impaired; hearing impaired; physical disability; learning disability; multiple disability.)

GENDER

Please indicate whether you are: Male Female Prefer to use my own term _____ Prefer not to say

HOW DID YOU FIND OUT ABOUT JIU JITSU?

- Freshers fair
- Newspaper/magazine
- advert Publicity event
- Friend in the club
- Poster
- Word of mouth
- Leaflet
- Website (please state which)
- Social media (please state which)
- Other (please state)
- Details: _____
- _____

BENEFITS OF MEMBERSHIP

- Insurance is only valid for members attending TJJF or BJJAGB recognised clubs and events
- Public and civil liability and personal accident insurance for valid Jiu Jitsu activity
- Develop within Jiu Jitsu through access to:
 - Jiu Jitsu grading opportunities
 - Jiu Jitsu competition opportunities
 - Regional, National and International Jiu Jitsu training opportunities
 - Development schemes for Instructors & Assistant Instructors
 - Discounted first aid courses