



MEMBERSHIP APPLICATION FORM

MASTERTON JUDO & JU JITSU ACADEMY

WELCOME

We are very pleased to welcome your application to join the Masterton Judo & Ju Jitsu Academy. To ensure that we have the correct contact details for you, please complete the information requested on these two pages and return this form to the instructor.

If you are under 18 years of age, please ask your parents or guardian to sign this form before it is returned. We will use this information to ensure that you are kept informed of club events, and to register you with Judo New Zealand or Jitsu New Zealand.

TRAINING TIMES

Junior Kids Judo (4 years to 9 years) : Tuesday & Thursday 5pm to 6pm
 Senior Kids Judo (10 years to 16 years): Tuesday & Thursday 6pm to 7pm
 Adult Judo (14 years up): Monday 7.30pm to 9pm
 Adult Ju Jitsu/Self Defence (16 years up): Tuesday & Thursday 7.30pm to 9pm

MAT FEES

Children: (18 years and below)
 Judo Classes: \$50 per term

Adults:
 Jitsu/Judo Classes: \$30 per month

Childrens fees are payable within 2 weeks of start of term. Adults fees are payable on the 20th of each month. If paying by Automatic Payment of Bank Transfer please state whether fees are for Judo or Ju Jitsu.

Masterton Judo & Ju Jitsu Academy: Acc No: 06-0689-0297317-00, ANZ Bank, Masterton.

ANNUAL MEMBERSHIP FEES

All cheques/monies for National membership are payable to the Masterton Judo & Ju Jitsu Academy

Children: (18 years and below)
 Judo New Zealand: \$67 per year

Adults:
 Judo New Zealand: \$87 per year
 Jitsu New Zealand: \$70 per year

I wish to apply to become a member of the MJJA and my arts governing organisation. If my application is accepted, I agree to abide by the rules and etiquette of the club. I also declare that I will be respectful of other members at all times and will participate in the true spirit of my art.

NAME:			
DATE OF BIRTH:		GENDER:	Male / Female
ADDRESS:			
HOME PHONE:		MOBILE:	
E-MAIL:			

INFORMATION PRIVACY AND MEMBER'S PERSONAL INFORMATION

I agree to the collecting and storing of the personal information supplied. I understand the information can be accessed by club, area association, and by authorised officials when required for Judo/Ju Jitsu purposes only (including for funding / sponsorship applications.)

HEALTH INFORMATION

It is essential that the Club Instructor is informed of any health problems (this will not necessarily prevent participation in Jitsu/Judo). Please indicate (circle) whether or not you have suffered in the past or now suffer from a health problem.

EPILEPSY	Yes	No	CONGENITAL HEART DISEASE	Yes	No
ASTHMA	Yes	No	SPINAL PROBLEMS	Yes	No
DIABETES	Yes	No	ANY OTHER BACK TREATMENT	Yes	No
SEVERE HEAD INJURY	Yes	No	PREVIOUS SPINAL INJURY	Yes	No
BLEEDING DISORDER	Yes	No	PREVIOUS SKULL FRACTURE	Yes	No
JOINT INSTABILITY	Yes	No	PREVIOUS BRAIN SURGERY	Yes	No
ANY OTHER CONDITION	Yes	No	ANY MEDICATION REQUIRED	Yes	No

If you have answered YES to any of the above please give full details below ;

EMERGENCY CONTACT DETAILS

Please provide contact details for person(s) who should be contacted in case of an incident / accident;

Contact Name #1:	
Contact Number:	
Contact Name #2:	
Contact Number:	

INDEMNITY

I understand that Jitsu/Judo is a physically demanding martial art and a full contact sport, and I agree to participate at my own risk. I accept that I am participating on a voluntary basis and I agree to lay no blame on any person or organisation in the event of an accident or injury while undertaking any activities. I understand that in the event of any injury or illness all reasonable steps will be taken to contact my nominated emergency contact person(s), and I agree to allow any injury / illness to be dealt with appropriately.

Signature:		Date:	
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Signature of Parent/Legal Guardian if under 18 years of age

FULL NAME of PARENT/LEGAL GUARDIAN:	
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