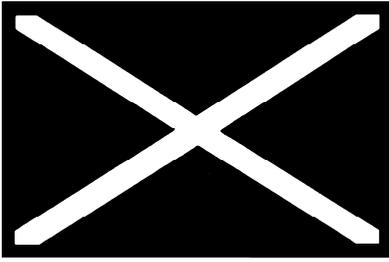


# Scottish Ju Jitsu Association



## LICENCE APPLICATION FORM

Junior

Registration

Re-Registration

Senior

Renewal

(Tick where applicable)

*PATRONS: LORD LYELL OF KINNORDY  
LORD PROVOST OF DUNDEE CITY*

Surname .....

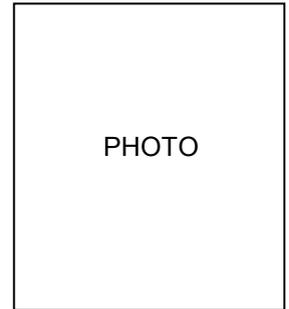
Forenames .....

Address .....

Town ..... Post Code .....

Tel No. ( STD CODE ) ..... Email .....

Date of Birth ..... Occupation .....



**Have you ever practised a martial art?** YES / NO

If YES, please give details, including affiliation and grade obtained:

**Do you hold a current licence to practice Ju Jitsu?** YES / NO

If YES, please give the licence number and Association that issued it:

Association ..... Licence Number ..... Expiry Date .....

**Do you suffer from any of the following?**

Migraine    Epilepsy    Hay Fever    Nervous Disorders    Heart Disorders    Haemophilia  
Aids    Diabetes    Respiratory Problems (e.g. Asthma, etc.)

**Have you ever been convicted of a crime?** YES / NO

If YES, please give details:

**Do you accept that participation in Ju Jitsu and Self Defence involves the risk of serious injury?** YES / NO

**Do you object to the Association holding your membership record on Computer?** YES / NO

**I agree to abide by the Constitution and Rules of the organisation.**

Signature ..... Date .....  
(Signature of Parent or Guardian if the applicant is under 16 years of age)

**PLEASE RETURN THIS FORM TO THE ADDRESS SHOWN OVERLEAF WITHIN**

**MUST BE COMPLETED BY THE CLUB SECRETARY OR LEADER - PLEASE PRINT**

Name of Club Instructor ..... Club .....

Amount Paid: £ ..... Date Paid .....

OFFICIAL USE ONLY

Date Payment Rec'd:                      Licence No.:                      Expiry Date:                      Renewal Month: