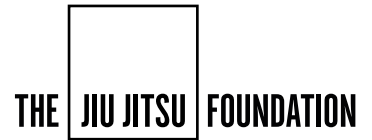


# 2016/17

## LICENCE & RENEWAL APPLICATION

Strictly confidential individual membership application form

Please print details clearly in ink



|                                     |               |                          |
|-------------------------------------|---------------|--------------------------|
| Title: Mr / Mrs / Ms / Miss / Other | First Name    | Last Name                |
| Home Address                        | Tel: Home     |                          |
|                                     | Tel: Mobile   |                          |
| Post Code                           | Date of birth |                          |
| Email                               | NUS Member    | <input type="checkbox"/> |

|              |                     |
|--------------|---------------------|
| Term Address | University Attended |
|              | Twitter Address     |
| Post Code    |                     |

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 Jitsu). Please indicate (tick) whether or not 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 instructor before participating in training:

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

The Jitsu Foundation Ltd is registered under the terms of the Data Protection Act and will include the information you have provided on this application on TJF database for the purpose of administration and maintenance of membership records, provision and administration of insurance, activities, support and fund raising.

It is a criterion that all clubs, regions and affiliated bodies require staff, coaches, officials, administrators, parents and participants adopt and abide by the Jitsu Foundation Child Protection Policy, Health and Safety Policy and CRB Checking and Mandating Issuing Policy. Copies can be obtained from TJF Head Office. Breaches of these Policies and other relevant codes of conduct/ethics will result in disciplinary action being taken under TJF Complaints & Conduct Procedures.

I understand that 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 Byelaws together with any amendments made during the term of my licence.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Legal Guardian if under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_

How did you find out about Jiu Jitsu?

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Freshers Fair               | <input type="checkbox"/> Poster                       | <input type="checkbox"/> Social media (please state which) |
| <input type="checkbox"/> Newspaper / Magazine advert | <input type="checkbox"/> Word of mouth                | <input type="checkbox"/> Other (please state)              |
| <input type="checkbox"/> Publicity Event             | <input type="checkbox"/> Leaflet                      | Details: _____   |
| <input type="checkbox"/> Friend in the club          | <input type="checkbox"/> Website (please state which) | _____  |

THIS SECTION TO BE COMPLETED BY CLUB OFFICIAL

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

|  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> SENIOR NEW LICENCE (£30.00) | <input type="checkbox"/> JUNIOR NEW LICENSE (£18.00) | EXISTING TJJF LICENCE NUMBER _____ |
| <input type="checkbox"/> SENIOR RENEWAL (£30.00)     | <input type="checkbox"/> JUNIOR RENEWAL (£18.00)     | EXPIRY DATE _____                  |

CURRENT TJJF GRADE

|                                 |                                 |                                     |                                    |                                  |                                  |
|---------------------------------|---------------------------------|-------------------------------------|------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Novice | <input type="checkbox"/> Orange | <input type="checkbox"/> Purple     | <input type="checkbox"/> Dark Blue | <input type="checkbox"/> 1st Dan | <input type="checkbox"/> 3rd Dan |
| <input type="checkbox"/> Yellow | <input type="checkbox"/> Green  | <input type="checkbox"/> Light Blue | <input type="checkbox"/> Brown     | <input type="checkbox"/> 2nd Dan |                                  |

Full name of club \_\_\_\_\_  I do NOT wish to receive emails on courses, socials and other Jiu Jitsu related information

Cheques payable to THE JITSU FOUNDATION LTD. Please do not send cash in the post.

Send licences to: The Jitsu Foundation Ltd, PO Box 5068, Bath BA1 0QD | 0844 571 4412 | tjf@jiujitsuFOUNDATION.org | www.jiujitsuFOUNDATION.org

jitsufoundation jitsufoundation

The Jitsu Foundation Limited is a Company Limited by guarantee | Registered Office: Minerva Mill, Station Road, Alcester, Warks, B49 5ET | Registered in England No. 07384419

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## EQUITY POLICY

It would be helpful to [the governing body] 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:

|   |   |  |   |  |
|---|---|--|---|--|
| <b>A. WHITE</b>   | <b>B. MIXED</b>   | <b>C. ASIAN OR ASIAN BRITISH</b>             | <b>D. BLACK OR BLACK BRITISH</b>                                      | <b>E. CHINESE OR OTHER ETHNIC GROUP</b>              |
| <input type="checkbox"/> British                                      | <input type="checkbox"/> White and black Caribbean                    | <input type="checkbox"/> Indian              | <input type="checkbox"/> Caribbean                                    | <input type="checkbox"/> Chinese                     |
| <input type="checkbox"/> Irish  | <input type="checkbox"/> White and black African                      | <input type="checkbox"/> Pakistani           | <input type="checkbox"/> African                                      | <input type="checkbox"/> Any other (please write in) |
| <input type="checkbox"/> Any other white background (please write in) | <input type="checkbox"/> White and Asian                              | <input type="checkbox"/> Bangladeshi         | <input type="checkbox"/> Any other black background (please write in) | _____  |
| _____   | <input type="checkbox"/> Any other mixed background (please write in) | Any other Asian background (please write in) | _____   | _____  |
| _____   | _____   | _____  | _____   | _____  |

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## 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 his/her 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.)

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## GENDER

Please indicate whether you are:  Male  Female

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## AGE

Please tick the appropriate box to indicate your age band:

<15  15-20  21-25  26-30  31-35  36-40  41-50  51-60  61-70  70+

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## PHOTOGRAPHY CONSENT

The Jitsu Foundation recognises the need to ensure the safety and welfare of young people in sport. In accordance with our Child Protection Policy we will not permit photographs, images or video to be taken without the consent of parents/carers and children.

We wish to ask your permission to take photographs and video for the purpose of publicity. These images may appear in printed publications, on our web site, or in CD and DVD format or both. We may also send them to the news media.

Before taking any pictures, we need your permission. Please answer questions 1 and 2 below, then sign and date the form where shown. Please circle: Yes or No

1. May we use your image(s), or those of your child(ren) if under 18, in our publicity material, including printed publications, videos and our web site (delete if this does not apply)?

Yes  No

Please note that web sites can be viewed throughout the world, not just in the United Kingdom where UK law applies. This form is valid for five years from the date of signing.

2. We sometimes send publicity material about our services, including photographs where appropriate, to the news media, especially the local press. Can we use your photograph, or your child's, in this way?

Yes  No

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Please print your name in capitals (and your child's name if appropriate):

Conditions of use

1. This form is valid for five years from the date of signing. The consent will automatically expire after this time.

2. We will not re-use any images in new publications from the date of expiry.

3. We will not include details or full names (which means first name and surname) of any child or adult in an image on video, on our web site, or in printed publications, without good reason.

4. We will not include personal e-mail or postal addresses, or telephone or fax numbers on video or on our web site or in printed publications.

5. If we use images of individual children, we will not use the name of that child in the accompanying text or photo caption without your permission.

6. We may use group images with very general labels, such as "break falling".

7. We will only use images of children who are suitably dressed, to reduce the risk of such images being used inappropriately