



Kaisei Ryu Ju Jitsu Membership form 2024/25

Personal details.

First name and date of birth (for each participant)

1) _____ D.O.B _____
2) _____ D.O.B _____
3) _____ D.O.B _____

Family Name (Surname): _____

Address: _____

1) Phone; _____ Name of Contact _____

2) Phone; _____ Name of Contact _____

Email address: _____

Which school does your child attend? (optional) _____

Emergency contact details.

These are people we will contact in the unlikely event of an emergency. Please consider carefully how close they live and their relationship to you and your family, as these people may be asked to make decisions on your behalf of you (and your child), attend hospital or travel in an ambulance (with your child.)

1) Emergency contact; _____ Relationship; _____

Phone number; _____ Suburb; _____

2) Emergency contact; _____ Relationship; _____

Phone number; _____ Suburb; _____

Martial arts background.

Have you (or your child) participated in martial arts training before attending Kaisei Ryu Ju Jitsu?

No

Yes

School/ Style: _____

Grade level achieved: _____

Medical.

Do you (or your child) have any medical or physical conditions or injuries that may affect Ju Jitsu training? (Please include and learning / processing concerns so we can allow extra instruction)

No Yes (please specify): _____

Do you (or your child) suffer from **asthma**? _____

No Yes

If yes, do you (your child) carry Ventolin/other medication? (Please specify):

(Optional) Please provide any additional information about your child that would best assist us in teaching in a group environment:

Declaration of Understanding.

The applicant (or Parent/ Guardian) understands the following:

- Ju Jitsu training is potentially dangerous to participants and is undertaken at the applicants own risk.
- The applicant is not authorized or qualified to teach Ju Jitsu publically or privately in any way.
- Students found to be using Ju Jitsu outside the Dojo to intimidate, bully or harass other will be immediately asked to leave Kaisei Ryu Ju Jitsu.

Consent

I hereby declare all information on this form is true and correct and have understood and considered the above points.

Name: _____ Signature: _____

Date: _____

Parent/ Guardian is required to sign for all participants under 18 years old.

Photography Consent

I consent to photographs being taken in a group environment. I understand these photos may appear on the website www.kaiseiryujitsu.com or other Kaisei Ryu Ju Jitsu social media pages for marketing purposes.

Name: _____ Signature: _____

I consent to my/ my child's photograph used on a private WhatsApp group for Kaisei Ryu Ju Jitsu Junior students.