



Liikan Jitsu

Jiu Jitsu with a Taste of Kung Fu and Touch of Kyusho



Membership Application Form

Please complete this form fully, without omissions.

(please use capital letters or print the letters to aid readability)

Club	<i>Liikan Jitsu Club ry - Vantaa, Finland</i>		
Surname		First name:	
Grade		Social ID number	-
Profession			
Other Martial Art experience, grade & time			
New Member	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Membership Renewal
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Home Address			
Phone: home		Mobile / work	
		email	
Emergency Contact Person:		phone	

Member Safety (Health Information)

Liikan Jitsu is a physically demanding activity, in which, your body is exerted and abused much more the usual. It is a membership requirement that you ensure the Club Instructor knows about all relevant health problems & remedies, physical or mental. We recommend that you obtain your own private training injury insurance. Oak Jitsu Club and its instructors accept no responsibility for any injuries incurred by members during training. **You practice at your OWN RISK!**

Blood Infections	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Joint Problems	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	epilepsi	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	astma	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	diabetes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mental problems / illnesses	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hereditary Heart Problems	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Head Injuries	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Back Injuries	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Neck injuries	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Other hereditary sicknesses	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Infectious Diseases	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Mark all boxes, Yes or No..If you have answered yes to any of the questions above, on the back of this form please provide a brief description of your condition and how it will or might prevent or otherwise affect your Jiu Jitsu training.

Club Security

Do you have a criminal record? State Yes or No:

If you answered Yes to the above, please clarify briefly on the reverse side of this paper. The Club reserves the right to make the final decision on eligibility to attend training for health, security or any other grounds concerning suitability. Failure to accurately complete this form fully or disclose any information relevant to your health or criminal record is grounds for forfeit of membership without refund.

It is club policy to take videos of training in case of accidents or misbehaviour. By signing this form you accept that the club may take videos for both security purposes and process them to create training and promotional videos for the benefit of the club & its members.

I have read and hereby accept all the terms and conditions of membership however and wherever notified and confirm that the Information I have given is complete, correct and accurate.

Applicant :	Guardian, if applicant is under age 18 :
Signature	date.
Signature	date.