



Liikan Jitsu

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	

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. The Club reserves the right to make the final decision on eligibility to attend training. Failure to accurately complete this form fully or **disclose** any information relevant to your health may also lead to forfeit of membership without refund. **Note:** insurance via the club is not available. 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.

Criminal Records

Do you have a criminal record? In the space provided, state Yes or No.

If it was for minor offenses (not relating to violence, threatening behaviour or other such abuses) please clarify briefly on the back of this application form. **Note:** If we are in any doubt at all about your conduct, past, present or future, we reserve the right to require you to produce an official criminal record statement from the relevant authorities and/or refuse entry or terminate membership without further explanation or refund.

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.