



The British Kempo Ju-Jitsu Federation

Application for membership

Name of Club/Group _____ Gloucester Kempo Ju Jitsu Kai _____

Club Instructor _____ Chief Instructor -Sensei M Bragg (5th Dan) _____

Surname of applicant _____ First Name _____

Date of Birth _____ Age _____ Male/Female _____

Address _____

_____ Postcode _____ Tel No _____

Date of Application _____

Contact details of next of kin, or friend who can be contacted in the event of an accident

Provide details of other martial arts or sports activities you have undertaken, along with grades or levels attained. _____

Please provide details of any medication you are currently taking or medical treatment which may affect participation. _____

- | | |
|--|----------|
| ▪ Are you aware of the physical demands of this activity? | YES / NO |
| ▪ Do you accept that participation in this activity might result in injury? | YES / NO |
| ▪ In the event of an accident resulting in hospitalization, do you give your consent to treatment? | YES / NO |
| ▪ Is there any other information which you think might affect or influence your participation? If so please provide details. | YES / NO |
- _____
- _____

Declaration

I the above named 5 agree to abide by the rules, notices and byelaws of the BKJFF, or the club to which I am now joining. Also I agree that any award of status, grade or qualification, along with the record book remains the property of the BKJFF and must be provided on request, or can be withdrawn or revoked without contention. I further exonerate the BKJFF, it's members, instructors or officials from any and all responsibilities for any injury or losses whatsoever I may occur. I understand this to include physical or mental disorders before or after becoming a member of the BKJFF. I also understand that at the end of one year from the date of taking out membership, and on failing to renew my membership, any or all certification or grades awarded to me become invalid, until such time that my membership has been renewed.

As a adult applying for membership, or the parent or guardian of a junior applicant, I confirm I have read the above and sign knowing that membership of the above named 'combat martial arts' group/club will mean I/or this junior will have physical contact with other members of the group/club.

Signed by Applicant _____ Date _____

Signed by Parent/Guardian _____ Date _____
(where applicable)

www.bkjff.com

Sensei Karl Harley – BKJFF Admin Officer

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