Student Renewal Form

to renew membership/insurance of WJJF Ireland

WJJF Club Name:_____ Budo Pass:_____

**Form should be filled out by a parent or guardian on a child's behalf. Please complete in* LEGIBLE BLOCK CAPITALS.

Student Name_____ D.O.B_____

Address _____ Phone _____

_____ Phone _____

Email Address: _____

*(*Important information about classes/grading examinations/insurance may not get to you if we do not have your correct email address)*

Who to contact in an emergency (& relationship to student):

_____Phone_____

Medical Information Please state any medical conditions which may be aggravated by exercise, that we need to be aware of for the student's well-being or that may need to be taken into account when training

_____

_____

(Continue overleaf if necessary)

IT IS ESSENTIAL, IF YOU HAVE ANY CONCERNS, THAT YOU CHECK WITH YOUR REGISTERED GP TO APPROVE THAT THE ABOVE-NAMED PERSON IS FIT FOR TRAINING. PLEASE ENSURE YOU UPDATE YOUR INSTRUCTOR, *IN WRITING*, WITH ANY CHANGES THAT OCCUR REGARDING THE ABOVE CONTACT/MEDICAL DETAILS.

DECLARATION – to be made by student or on behalf of a minor by a Parent/Guardian

It is accepted and understood that participation in the Martial Arts carries the risk of injury, as in all contact sports I will inform the coaches/club welfare officer of any important changes to health/ medication or needs as detailed above and of any changes to address or phone numbers given. In the event of illness, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If emergency hospital treatment is required, I authorise a qualified medical practitioner to provide emergency treatment or medication. I have been made aware that this Ju-Jitsu Club is governed by the Northern Ireland Ju-Jitsu Association and the Safeguarding Policy & all other policies are available to me by contacting nijja@jujitsuireland.com or by visiting the Governing body's website/ Facebook page www.nijja.org

For details on how we protect your personal data please visit http://www.jujitsuireland.com/gdpr-policy-summary/

I consent to photographs and/or filming for sporting purposes or PR under WJJF supervision. Yes ❑ No ❑

_____

Signed _____ Date _____

(If signed by Parent/Guardian on behalf of a minor please state relationship to student_____

INSTRUCTOR MUST COMPLETE:

Renewal M'ship (please select): £20 ❑ *Age 4-15yrs (Junior Section)* *OR* £26 ❑ *Age 16yrs + (Seniors)*

Student also requires a replacement Budo pass: £6 ❑

Student has had a break from training and returned on date: _____

(Alterations to membership period can affect a student's time served with regards to moving forward with senior gradings)

Signed: _____(Instructor) Please make Cheque out to: _____

_____

Instructor's use only: Pd:❑ Office Use: Budo No:_____

Initial _____ Exp date: _____ Sent out: ❑