

# IFBJJ – Membership Form

**Date:** \_\_\_\_\_

## Personal Information:

- **Full Name:** \_\_\_\_\_
- **Date of Birth (DD/MM/YYYY):** \_\_\_\_\_
- **Gender:** ☐ Male ☐ Female ☐ Other: \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Postcode:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

## Emergency Contact Information:

- **Full Name:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address**  
**(Optional):** \_\_\_\_\_

## Membership Details:

- **Membership Type:** ☐ Adult (General) ☐ Kids (Age \_\_\_\_ )
- **Belt:** \_\_\_\_\_ / **Degree:** \_\_\_\_\_

## Liability Waiver and Agreement:

I understand that participation in Jiu-Jitsu training involves physical activity and carries a risk of injury. I hereby release, waive, and discharge the IFBJJ, its instructors, employees, and affiliates from any and all liability for any injury, loss, or damage that I may sustain while participating in training or related activities.

I agree to abide by the rules and regulations of the IFBJJ and to treat instructors and fellow students with respect. I understand that failure to do so may result in the termination of my membership.

I acknowledge that I have read and understood this waiver and agreement.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature (if applicant is under 18):** \_\_\_\_\_

**Date:** \_\_\_\_\_