

# INTERNATIONAL FEDERATION OF BRAZILIAN JIU-JITSU

## ACADEMY REGISTRATION FORM

### Academy Details:

- **Full Academy Name:**
- **Trading Name (if applicable):**
- **Full Address:**
  - Street/Avenue:
  - Number:
  - Complement:
  - City:
  - Post Code:
  - Country:
- **Landline Phone:**
- **Mobile Phone:**
- **Email:**

### Responsible Person Details:

- **Full Name:**
- **Document number:**
- **Type of Document:**
- **Date of Birth:**
- **Nationality:**
- **Marital Status:**
- **Address (if different from the academy):**
  - Street/Avenue:
  - Number:
  - Complement:
  - City:
  - Post Code:

○ Country:

• **Phone:**

• **Email:**

**Declaration:**

I declare that the information provided in this form is true and that I am aware of the requirements and regulations of the International Federation of Brazilian Jiu-Jitsu – IBJJ - for the affiliation of academies. I commit to providing any additional documents that may be requested and to keep the academy's information updated with the federation.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

**Signature of the Academy's Responsible Person:**

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**Observations:**