



# License and Insurance Application



**A MODERN APPROACH**

**Surname:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Forenames:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Home Tel No:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Club:** \_\_\_\_\_

**Do you have any disabilities (physical or mental) or any other medical condition that could effect your Judo training, e.g. Asthma, Hay fever, Migraine, Epilepsy, short sightedness, deafness, contagious diseases i.e. Aids etc. If yes, please list below:**

\_\_\_\_\_  
\_\_\_\_\_

**I acknowledge that the practice of any martial art/combat sport may involve the risk of injury and I know of no reason why a License for Shodan Judo be withheld from me. I agree to abide by the SJA rules, policies and procedures and I understand that Shodan Judo reserves the right to decline, revoke or not to renew an application without reason.**

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

**(Signature of Parent or Guardian if under 18 years)**

## Membership Catagories

<b>JUNIORS</b> <i>11 Years and Under</i> 	<b>INTERMEDIATES</b> <i>Ages 12-15</i> 	<b>ADULTS</b> <i>Ages 16+</i> 
<p><b>For More information please call on 01249 661002 / 07502 285832</b></p> <p><b><a href="http://WWW.SHODANJUDO.CO.UK">WWW.SHODANJUDO.CO.UK</a></b></p>		

**Return form to your coach of post to:**

**SJA Membership, 1 Neeld Crescent, Chippenham, Wiltshire, SN14 0HT**

**Please make cheques made payable to Jason Cooke**

Office Only: R / E / Ca / Bo / Ba