



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, ADHD, ODD, Autism, ADD 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 Categories

| JUNIORS | INTERMEDIATES | ADULTS |
|--|----------------------|-----------------|
| 11 Years and Under | Ages 12-15 | Ages 16+ |
| £20 | £24 | £25 |
| Bank Transfer: MR JC COOKE, Sort: 20 84 61, A/c No: 20029246, Reference - Student Name. SJA | | |

Return to coach of post: [SJA Membership, 1 Neeld Crescent, Chippenham, Wiltshire, SN14 0HT](#)

For More information please call us on 07584 319380 / 07502 285832 or visit [Shodanjudo.club](#)

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