

JIUSHIN KAN MALTA

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REGISTRATION FORM

Please print and fill in this form and bring it with you when you attend your first session.

Date: _____ Art (tick box): Jiu-Jitsu Iaido

Name in Full: _____ Age: _____ Gender: _____

Date of Birth (d/m/y): _____ Nationality: _____

Address: _____

_____ Country: _____

Phone No. (14+ years): _____ Emergency Contact No.: _____

Email: _____

Medical Conditions/Medications (if any): _____

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in training. I am fully aware of the inherent dangers and risks involved in this activity and thus I assume full responsibility for any and all losses, damages or injuries that I may sustain or incur. I hereby waive all claims against the directors, the instructors, the officials and the Jiushin Kan Malta.

I understand that my membership can be terminated if I fail to follow Jiushin Kan Malta's rules and regulations.

I, the undersigned, do hereby voluntarily accept that photos of participants may be taken and may be shared on social media and elsewhere. (If you do NOT wish to have such photos of yourself/your child taken and/or published, please tick this box:)

Full Name, Signature and ID Card No. (parent/guardian if under 16 years):

- You will receive an e-mail with details about how to sign up to our website (jiushinkanmalta.org). Your profile will then be set up on a secure private page in the members' area.
- Please note that to sign up to jiushinkanmalta.org, any given e-mail address may not be used for multiple members. Different e-mail addresses are to be used for each individual member.

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