

FOUNDED
1963



INCORPORATED
1968



ONTARIO JIU-JITSU ASSOCIATION

*Recognized by the Ministry of Health Promotion
a member of
Sports4Ontario*

World Council of Jiu-Jitsu Organizations



MEMBERSHIP FORM

REFERENCE #: _____

NAME: _____ **Male** **Female**
FIRST LAST INITIAL

ADDRESS: _____

CITY: _____ **EMAIL:** _____

POSTAL CODE: _____ **DATE OF BIRTH:** _____
MONTH DAY YEAR

HOME PHONE #: _____ **BUSINESS PHONE #:** _____

IN CASE OF EMERGENCY, CONTACT: _____

TELEPHONE #: _____

RELATIONSHIP: _____

PLEASE LIST ANY MEDICAL CONCERNS THAT MAY AFFECT TRAINING (SPECIFY):

PREVIOUS MARTIAL ARTS EXPERIENCE: _____



*I hereby agree to abide by the rules and regulations set out by the
Ontario Jiu-Jitsu Association:*

SIGNATURE: _____ **Date:** (m) _____ (d) _____ 20 ____

SIGNATURE: _____ (PARENT/GUARDIAN)
If under 18 years of age

CLUB: San Do Jutsu Karate School

YOUR BELT RANK: _____

INSTRUCTOR: Joe Hamilton

PHONE: (905) 936-9595

