

American Traditional Jujutsu Association

Membership Application

P.O Box 1613, Hilliard, OH, USA 43026

Telephone: (614) 279-9939 Email: membership@atja.org

Web site: www.atja.org



Section 1 - Personal Information

Please complete all sections, print or type clearly.

Name: _____ Home Telephone: (____) _____

Address: _____ Other Telephone: (____) _____

City: _____ Age: _____ Gender (Circle one) Male / Female

State: _____ Zip: _____ Birth Date: _____

Email: _____ Country of Citizenship _____

Martial Art: _____ Rank: _____ Date of Rank: _____ Date Started Martial Art: _____

Circle one: New Member / Renewal (Member Number: _____) Background Check Expiration Date: _____

Section 2 - Club Information

Club Name: _____ ATJA Club Number: _____

Address: _____ City _____ State ____ Zip _____ Country _____

Club Sensei: _____ Date Registered _____

Section 3 - Membership Fees

Please check your membership plan and indicate the enclosed fee or charge made.

Annual Membership: \$40.00 (includes one year's accident and liability insurance) \$ _____

Foreign Addresses: \$10.00 (for foreign addresses, other than APO/FPO) \$ _____

Total Amount: ____ Enclosed (Please make check or money order payable to "ATJA".) \$ _____

Return Membership Card to:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Section 4 - Membership Information

1. Annual membership is for a period of 12 months from the date of application. Excess accidental insurance for our members will be in effect in accordance with our current insurance contract and carrier for the stated period of the membership when available.. Insurance is effective immediately at all sanctioned events (classes and clinics) and 24 hours after the date of registration for normal practice. This form, with fees, must be mailed to the ATJA immediately upon completion.
2. A Family Membership Plan is available at a reduced cost.
3. Make sure waiver on back is read and acknowledged. An adult must also sign for minors

ATJA Form 100, June 2010--All previous forms are obsolete

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Section 5 - Waiver of Liability

In consideration of being allowed to participate in any way in the American Traditional Jujutsu Association martial arts program(s), and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she will immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue the American Traditional Jujutsu Association, its officers, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as 'releasees' from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. The undersigned have read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

Printed Name of Applicant: _____ Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____ Signature: _____ Date: _____

Section 6 - MAILING INSTRUCTIONS

Please mail or email this form to the appropriate address below.

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Attn: Membership
P.O Box 1613
Hilliard, OH, USA 43026

Email: membership@atja.org

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