**Ground Control BJJ**

**Membership Association Form**

**Personal Information**

Name:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Address:**

Number & Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Information**

Membership Type:

Please select (tick) the membership type:

- [ ] Individual Membership

- [ ] Family Membership (Please list additional family members and their ages below)

Additional Family Members (if applicable):

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Age: \_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Age: \_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Age: \_\_\_\_\_\_

Belt Rank (if applicable):

Please indicate your current belt rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Coverage:

The Ground Control BJJ Membership Association provides insurance coverage for its members. By becoming a member, you acknowledge and agree to abide by the terms and conditions of the insurance policy provided.

Waiver and Release of Liability

I, the undersigned, wish to become a member of Ground Control BJJ Membership Association. In consideration of my membership, I hereby agree to the following:

1. I understand and acknowledge that Brazilian Jiu-Jitsu (BJJ) involves physical exertion and contact, and I am voluntarily participating in BJJ training and related activities.

2. I acknowledge that there are risks and hazards associated with BJJ, including but not limited to the risk of injury, illness, or death.

3. I release Ground Control BJJ, its instructors, staff, and any affiliated individuals from any liability for injuries, damages, or losses incurred during BJJ activities.

4. I understand that it is my responsibility to inform the instructors of any pre-existing medical conditions or injuries that may affect my participation in BJJ activities.

5. I agree to follow all rules, guidelines, and safety instructions provided by Ground Control BJJ.

Consent and Agreement

I have read and understand the terms and conditions outlined in this membership form. By signing below, I voluntarily agree to become a member of Ground Control BJJ Membership Association and consent to abide by its rules and regulations.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Parent/Guardian Consent (if under 18 years of age)

I, the undersigned parent or guardian, hereby consent to the membership of my child in Ground Control BJJ Membership Association and agree to the terms and conditions outlined in this form.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_