



Edinburgh Jitsu
www.edinburghjitsu.com

Registration Form

Name: _____ **Date of Birth:** _____
Address: _____ **Email Address:** _____
_____ **Phone (home):** _____
_____ **Phone (mob):** _____

Registration Period: 6 months / 1 year **(please delete)**

Please submit this form along with the following:

- Two passport photos** (with name on reverse)
- Membership Fee** (£35 for 6 months, 60 for a year)

I hereby agree to follow the rules and regulations of the Shin Tai Wa Ryu.

Signature:

Date:

* We can only add your email address to our mailing list if you specifically ask us to. You may remove your name from the list at any time and your email address will not be sold or used for any purposes other than the communication of information about the club and activities.

If you would like your email address to be added the **please tick here**

For Office Use Only

Membership Number: _____

Insurance Number: _____

In providing your details you are agreeing to your data being stored in accordance with the Data Protection Act (1998) Please refer to the club data protection policy for further information