



International ShinKenDo JuJutsu Japan

Membership Application Form

Personal Information

Full Name: _____

Date of Birth: _____

Gender (Male / Female / Other): _____

Address: _____

Phone Number: _____

Email Address: _____

Martial Arts Experience

Do you have any martial arts experience? (Yes / No)

If yes, please specify style, years of experience, and level:

About You

Why do you want to study Japanese JuJutsu?

Do you have any medical conditions or injuries we should be aware of? (Yes / No)

If yes, please provide details:

Do you have a criminal record? (Yes / No)

If yes, please explain (confidential):

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Consent and Signature

- I hereby apply for membership in the International ShinKenDo JuJutsu Japan.
- I confirm that the above information is accurate and complete.
- I understand that martial arts training involves physical activity and risk of injury.
- I agree to follow the dojo's rules, etiquette, and safety procedures.
- I understand that membership is valid for one year and must be renewed annually.

Applicant Signature: _____