



PHILIPPINE JIU JITSU FEDERATION

4th Floor, Building B, Philsports Complex, Meralco Avenue, Pasig City Philippines
jjfphil@gmail.com

ACADEMY REGISTRATION FORM

ACADEMY NAME:

Association Name (if apply):

Additional Teams

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Address:

City:	Region:	Zip Code:	Country:
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Home Phone:	Work Phone:
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Website:	E Mail:
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JJFP #:	JJFP Membership Date:	Fax:
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RESPONSIBLE PROFESSOR / HEAD INSTRUCTOR: (SUPERVISING BLACK BELT RESIDENT OR NON-RESIDENT)

Name:

Belt:	JJFP Membership ID #
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Other Instructors:

Name	Belt	JJFP MEMBERSHIP ID #
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I hereby certify that my registration above is true and correct. As a member of **JJFP** I agree to abide by and accept the rules and conditions of membership.

I undertake as a member of **JJFP** to act and represent the **JJFP** in the best interest for the Sport .

I understand that **JJFP** has complete authority over its competitions and membership for Individuals and Academy's.

JJFP acknowledges that the Academy or Association above is responsible for its competition team and changes in registration can be made by **JJFP** on its behalf. I acknowledge I have read and understood the conditions above.

Head Instructor's Signature (Registered JJFP) :	Date:
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Signature from the Association's Responsible:	Date:
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JJFP USE ONLY	AMOUNT PAID:	Date:
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Signature approval:	Date:
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