



International Brazilian Jiu-Jitsu Federation

17595 Harvard Ste. C # 1007 - Irvine, CA, 92614

www.ibjjf.org - membership@ibjjf.com

ACADEMY REGISTRATION FORM

ACADEMY NAME:

Association Name (if apply):

Additional Teams

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Address:

City:

State:

Zip Code:

Country:

Home Phone:

Work Phone:

Website:

E Mail:

IBJJF #:

IBJJF Membership Date:

Fax:

RESPONSIBLE PROFESSOR / HEAD INSTRUCTOR:

Name:

Belt:

IBJJF Membership ID #

Other Instructors:

Name

Belt

IBJJF MEMBERSHIP ID #

I hereby submit my application for jiu-jitsu academy registration with the International Brazilian Jiu-Jitsu Federation. By entering into this agreement I accept the rules and regulations of this organization, accepting any decisions made by the International Brazilian Jiu-Jitsu Federation or any International Brazilian Jiu-Jitsu Federation official. I acknowledge that I have read and understood every provision of this release; and that I am legally competent to and freely enter into this agreement. We certify that all statements and information is to best of our knowledge true and correct. I understand that the association mentioned above (if applied) has authority over its competition teams and I authorize any registration change by the representative from this association on tournaments organized by IBJJF or associated federations i.e. USBJJF, CBJJ, but not limited to.

Head Instructor's Signature (Certified IBJJF):

Date:

Signature from the Association's Responsible:

Date:

IBJJF USE ONLY

Signature Approval:

Date: