



International Brazilian Jiu-Jitsu Federation

17845 Sky Park, Suite F, Irvine CA, 92614

ACADEMY REGISTRATION FORM

Academy Name:

Association Name:

Mailing 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.

Instructor's Signature (Certified IBJJF):

Date:

Signature from the Association's Representative:

Date:

IBJJF USE ONLY

Signature Approval:

Date: