



IBJJF

ibjjf.com | membership@ibjjf.com

ACADEMY REGISTRATION FORM

Academy Name

Association Name (if applicable)

Additional Teams (please write below, if applicable)

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Academy Address

City	Academy Phone
State	Website
Postal Code	Email
Country	Academy Registration Number

HEAD PROFESSOR

NAME	BELT	IBJJF MEMBERSHIP ID#

ASSISTANT PROFESSOR(S)

NAME	BELT	IBJJF MEMBERSHIP ID#

I hereby submit my application for Jiu-Jitsu academy registration with the International Brazilian Jiu-Jitsu Federation (IBJJF). 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 Signature:	Date:
Signature from Association's Responsible Official (if applicable):	Date:

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Signature Approval:	Date:
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