

**ONTARIO JIU-JITSU ASSOCIATION
APPLICATION FOR
BLACK BELT RANK**

NAME:

DATE OF BIRTH (DD/MM/YR): ____/____/____ AGE:
____M/F_____

ADDRESS:

HOME PHONE: _____ OCCUPATION:

HEIGHT: _____ WEIGHT: _____

ATTENDANCE RECORD:

INSTRUCTIONAL RECORD:

IF INACTIVE FOR ANY PERIOD OF TIME, INDICATE HOW LONG AND WHY:

SERVICES RENDERED TO THE ART OF JIU-JITSU AND/OR CJA:

RECORD OF PROMOTIONS

RANK _____ **DATE**
(MM/YY) _____ **CLUB** _____ **INSTRUCTOR** _____

5TH

GRADE _____

4TH

GRADE _____

3RD

GRADE _____

2ND

GRADE _____

1ST
GRADE _____

OTHER MARTIAL ARTS EXPERIENCE

ART: _____ RANK: _____ YEAR: _____

INSTRUCTOR: _____ CLUB: _____

ART: _____ RANK: _____ YEAR: _____

INSTRUCTOR: _____ CLUB: _____

DATE OF APPLICATION: _____ CLUB: _____

SUBMITTED BY: _____

EXAMINATION DATE: _____ **EXAMINATION RESULTS:** _____

RANK AWARDED: _____

COMMENTS _____

Ontario Jiu-Jitsu Association
Application for Black Belt Grading

Name: _____

Address: _____

Date of Birth (mm/dd/yyyy): _____ Weight: _____

Occupation: _____

Home Club: _____

Instructor: _____

Training Start Date/Year: (If Inactive for any period, please indicate length and reason for inactivity): _____

Services Rendered to the Ontario Jiu-Jitsu Association/Jiu-Jitsu: _____
