

**ADMISSION FORM**  
(FILL IN CAPITAL)

1. NAME : \_\_\_\_\_
2. D.O.B. \_\_\_\_\_ 3. GENDER : ☐ M ☐ F ☐ O Blood Grp : \_\_\_\_\_
- a) Whatsapp No : \_\_\_\_\_ b) Email: \_\_\_\_\_
- d) Gurdian Name : \_\_\_\_\_ Relation \_\_\_\_\_
- e) Address : \_\_\_\_\_
- f) Other Information (Medical, Last Org, Rank): \_\_\_\_\_

**TERMS & CONDITION**

- 1) We understand the **risk & Injury** during practice.
- 2) We shall never involve any anti association activities.
- 3) We should not accept any membership from any parallel karate association
- 4) I agree to abide by all the rules, regulations and '**Dojo Etiquette and Procedures**' of **JKA TSKC** which may be updated from time to time.
- 5) I also have NO OBJECTION if the **JKA TSKC or JKA WF INDIA** uses my /daughter/son/ward's pictures, videos, names etc as advertisement through newspaper, internet, brochures, banners etc.
- 6) 80% Attendance is compulsory for appearing in examination time to time.
- 7) I am aware and understand that physical contact will be used by principal instructors, instructors, examiners of the **JKA TSKC OR JKA WF INDIA OR JKA**, other students or authorized individuals as part of my training and instruction and for which I have my full consent to any physical contact as may be required or essential to martial arts and self-defense training.
- 8) I understand and agree that belt examinations is mandatory as it is a part of my learning and training of Karate-Do.
- 9) I also promise to practice on regular basis. Otherwise may not be allowed for any events or examination.
- 10) Once a payment is made, it's considered final, and the payer cannot request a refund for any reason.

**Undertaking:** I would like to enroll myself/ my daughter/ my son for the Karate-Do training course in **JKA Traditional Shotokan Karate (JKA TSKC)** and agree to abide by all the rules and regulations of the Karate-Do School named **JKA Traditional Shotokan Karate (JKA TSKC)**.

\_\_\_\_\_  
Signature of the Student/ Guardian  
DOJO ID & NAME:  
Signature of Dojo Instructor:

Date :  
Registration No:  
Document(s) Received  
☐ Student ☐ Guardian