



# NIHON KARATEDO SHUBUKAI SHITORYU INDIA

Member of  
Japan Karatedo Federation Nihon Karatedo Shubukai Shitoryu - Japan

Approved by  
Karate Association of India (KAI), KAI approved by WKF

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## PARTICIPATION FORM

Full Name .....

Birth Date ..... Age ..... Yrs. Weight ..... Kg.

Address .....

.....  
.....

District ..... State .....

Phone No. .... Mobile No. ....

Email ID ..... Facebook ID .....

## CONSENT / INDEMNITY FORM

I, \_\_\_\_\_ am aware that Karate is a contact sport and that injuries may occur in the course of participation. I am also aware that the term "Injuries" includes of every description including temporary disablement, permanent disablement as also loss of life.

I authorize and consent to being rendered all medical treatment, in case of any injury/accident during Journey / Travel / Competition / Practice / Training / Stay by the **SHUBUKAI SHITORYU KARATE SCHOOL INDIA** Organizer and those associated with it. I agree to reimburse the cost of such medical treatment and any other incidental expenses so incurred.

I state that I am participating in the above Championships and Training at my own risk and responsibility as to the cost and consequences and that I have read and understood the aforesaid and I have signed this Consent Form of my own free will.

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Contestant

\_\_\_\_\_  
Signature of the Parent/Guardian/Coach

\_\_\_\_\_  
Signature of the Witness