

NIHON KARATEDO SHUBUKAI SHITORYU INDIA

Member of

Japan Karatedo Federation Nihon Karatedo Shubukai Shitoryu - Japan Approved by

ADMISSION FORM

| Full Name | |
|--|---|
| Birth Date Age | Yrs. Weight Kg. |
| Address | |
| | |
| | |
| District State | |
| Phone No Mobile No. | |
| Email IDFacebo | ook ID |
| I, | am aware that |
| I, Karate is a contact sport and that injuries may occur in aware that the term "Injuries" includes of every descrip | n the course of participation. I am also |
| permanent disablement as also loss of life. | |
| I authorize and consent to being rendered a injury/accident during Journey / Travel / Competit the SHUBUKAI SHITORYU KARATE SCHO associated with it. I agree to reimburse the cost of sincidental expenses so incurred. | ion / Practice / Training / Stay by OOL INDIA Organizer and those |
| I state that I am participating in the any Chan and responsibility as to the cost and consequences an aforesaid and I have signed this Consent Form of my ow | d that I have read and understood the |
| Date : | |
| | Signature of the Students |
| Signature of the Parent/Guardian/Coach | Signature of the Witness |