

BRANCH _____
MEMBERSHIP# _____

MEMBERSHIP FEE \$ _____
KARATE UNIFORM \$ _____
CLASS FEE/MONTH \$ _____



International Karate Federation

APPLICATION FORM

Student Name _____ Age _____ Birth Date _____

Address _____ City _____ Zip Code _____

Parent or Guardian's Name (If a Minor) _____

Telephone/Cellular# _____ Email Address _____

Emergency Contact _____ Contact# _____

Principles of KARATE: (PLEASE READ CAREFULLY)

- I Henceforth, I shall faithfully train to strengthen my mind and body.**
- II I am willing to endure rigorous training to achieve my goal.**
- III As my strength increases I shall seek to cultivate a gentle heart.**
- IV I shall not use my skill outside the Dojo except in the most extreme circumstances.**
- V At all times I will try to avoid inflicting injury upon another person.**
- VI I will not brag about my skill nor use it maliciously.**
- VII I shall train with the spirit of humility.**

I have read and am in accord with the seven stated principles of the Hawaii Branch of the International Karate Federation. I will pay my dues the first week of each month in accordance with the rules of the Dojo.

WHEREAS, the undersigned student intends to train in the art of Karate; and

WHEREAS, it is understood by said student (and by the parent or guardian of said student) that the following is involved in Karate: (a) physical contact between students; (b) physical contact between student and instructors; (c) rigorous exercises.

NOW, THEREFORE, the undersigned hereby expressly agrees, while training in the art of Karate, to release and save harmless the International Karate Federation, its representatives, employees, and teachers from liability for any injury to the student resulting from any cause whatsoever, excepting only the gross negligence of said representatives, employees, and teachers. It is further agreed by the undersigned that this release and agreement to save harmless shall extend to and include the owners of the building in which the Dojo (school) is located as well as any lessee or sub-lessee thereof.

I understand that all fees paid are non-refundable.

Signature of Student _____ Date _____

Parent/Guardian Signature _____ Date _____