

Kita Kaze APPLICATION AND REGISTRATION FORM

Name		
Surname		Given names
Date of Birth	Telephone (H	H)(W)
day/month/year		
E-mail		_
Address		
Name of Parent or legal guardian is		18 years of age: e
Karate Experience if any		
Rank Sty	/le	Dojo
Do you have any medical conditions Please list, including treatment requ	· ·	, 11 61
I, here		
Kita Kaze Karate Club and upon acceptance I si		
formulated for the purpose of keeping order in t acknowledge and understand that a risk of person	onal injury is involved th	
these rules and regulations and to the instructor' In consideration of accepting my application and	•	on of the weekly, monthly or yearly
fees required by the rules and regulations for pa		
administrators do hereby forever release, remise	-	
Instructors, members and guests from all respon		
practicing karate; and the parent or guardian of		
and in consideration of this acceptance and the r Karate Club, its directors, Instructors, members by or on behalf of the applicant.		
Applicant's signature		Parent or Guardian's signature if under 1