



# INTERNATIONAL SHITO KAI KARATE FEDERATION

Registered Trust Act Under Govt. of India | ISO 9001 : 2015 Certified Federation

[www.shitokaikarate.com](http://www.shitokaikarate.com)

## REGISTRATION CUM KARATE TRAINING FORM

(To be filled in block letters)

Name of Student : .....  
Father's Name : ..... Occupation : .....  
Mother's Name : ..... Occupation : .....  
Address : .....



.....Pin Code : .....  
Student Date of Birth : ..... E-mail : .....  
Father's Mobile No. : ..... Mother's Mobile No. : .....  
Student's Mobile No. : ..... Weight : ..... Height : .....  
Students's School / College Name : .....  
Class : ..... Roll No. : ..... Section : .....

Whether physically disabled : .....

Whether the applicant has suffered from any serious disease, give details : .....

Reason for joining : .....

I hereby affirm that the details given by me are true and that I am joining the karate class on my own free will. I also confirm that I will not hold either the institution, teacher or fellow student responsible for any untoward mishap that may occur to me during the course of my training. I agree to abide by the rules & regulation of the Organisation / Federation.

Date of Joining : .....  
Place : .....  
Signature of Parent/Guardian, if applicant is a minor      Signature of Student

NOTE : Please also enclose with this form following :  
1) Two passport size photo    2) Admission & Monthly Fee's    3) Address Proof.

### FOR OFFICE USE ONLY

Registration No.....Date of Joining .....  
State.....Branch.....Instructor Name.....

**TO BE RETAINED BY KARATE INSTRUCTOR**