



INTERNATIONAL SHITO KAI KARATE FEDERATION

Regd.

Registered Trust Act Under Govt. of India | ISO 9001 : 2015 Certified Federation
Regd By : Ministry of Micro, Small and Medium Enterprises (MSME) Govt. of India
Officially approved member of : Karate India Organisation (KIO)
KIO Recognised by : World Karate Federation (WKF)
WKF Recognised by : International Olympic Committee (IOC)



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www.shitokaikarate.com

PLAYER REGISTRATION FORM

(To be filled in block letters)

Name of Applicant.....
Father's / Guardian's Name.....
Date of Birth..... Gender (M/F) :
Present Address : Post
District..... State Pin
Contact No. WhatsApp No.
Full Name of Association/Academy/Club
Qualification Occupation Belt.....

RULES & REGULATIONS

- I the under signed, Solemnly declare that the particular filed in by me are correct and I declare that I will not misuse the art of KARATE on PROVOCATIONS (Except for my self defense) and Import KARATE training to any one without prior written permission of the Director/Chief Coach.
- I agree/promise to abide by the discipline, direction, terms & Conditions/Rules & Regulations of the KARATE NATIONAL/STATE ASSOCIATION /ACADEMY/CLUB. Failing which (In case of violation) I will be liable for expulsion without assigning any reason/Intimation whatsoever.
- In case of Injuries/accidents sustained by me during the training / grading / demonstration / competition Period, I will not hold ASSOCIATION /ACADEMY/CLUB OR ITS INSTRUCTIONS/COACHES OR Staff wholly or partially responsible in anyway.
- I will always respect, obey and follow the instructions of my instructor & seniors.
- I will not take part in the activities organized by other organizations/clubs of similar nature, anywhere, without permission.
- I will pay my training fee and other charges well in time.
- In default, all my KARATE QUALIFICATIONS AWARDS shall IPSO-FACTO become cancelled as annulled and theKARATE ASSOCIATION/ACADEMY/CLUB shall be at liability to get its decision executed.

Attach
Photograph
of Applicant

Signature of Parent/Guardian

Date: _____

Signature of Athlete

RECOMMENDER

Name & Signature of President/Secretary

Date: _____

Name & Signature
Head of Club-In-charge