



INTERNATIONAL SHITO KAI KARATE FEDERATION

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

Officially approved member of : Karate India Organisation (KIO)

KIO Recognised by : World Karate Federation (WKF)

WKF Recognised by : International Olympic Committee (IOC)

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

Paste your
Passport size
Recent
Photograph
Here