



日本空手協会
世界連盟米国
JKA•WF AMERICA

APPLICATION for INDIVIDUAL MEMBERSHIP

of the Japan Karate Association • World Federation America

Dojo Name _____ Chief Instructor _____

Student Name _____ Preferred Name _____ Gender M F DOB _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email _____ Your Occupation or Parent/Guardian's _____

If student is under 18 parents' names/legal guardian:

Father _____ Work _____

Mother _____ Work _____

Why do you wish to study Karate with JKA/WF America? _____

Who introduced you? _____ Have you ever studied karate or any other martial art before? Yes No

Do you have health and accidental insurance? Yes No

Specify art, rank and length of study _____ *Please submit a copy of your last rank.*

Do you hold any qualifications or certificates (i.e. certified instructor, examiner, judge)? Yes No *Please submit a copy each individual qualification.*

Have you ever been a member of any other karate or martial art organization? Yes No

Organization Name: _____ Are you a member in good standing in that organization? Yes No

Have you ever left, been suspended or expelled from any martial arts organization? Yes No

Reason: _____

Who was/is your instructor? _____ May we contact your Instructor regarding your participation in that organization? Yes No Instructor's contact information _____

Release of Liability: The aforementioned individual wishes to participate in membership in the JKA/WF America. In consideration of the membership, training and service provided to said individual by the JKA/WF America and its' affiliated, clubs, and instructors, I/we hereby freely and knowingly accept and agree to the following terms and conditions to wit:

1) Assumptions of Risk: I/we understand the Karate is a hazardous activity that involves inherent risks of serious physical injury. With full knowledge of risks involved in Karate, I/we expressly assume all the risks of harm to myself arising from the practice of Karate with the JKA/WF America. _____ (initial)

2) Release of Claims and Waiver of Liability: I/we hereby expressly and for all times on behalf of myself, my heirs, successors and assigns, executors and personal representatives release and agree to hold harmless JKA/WF America from any claim, demand or cause of action At law or equity of injury to me that arises or might have arisen from my participation in the practice of Karate, from my use of the equipment of the JKA/WF America, or from my participation in any activity associated directly or indirectly with JKA/WF America, or from my use of Karate techniques; and _____ (initial) **3) Indemnification:** I/we hereby agree to indemnify and hold harmless JKA/WF America from any claim, demand or cause of action At law or equity, including, but not limited to, any claim of personal injury, that may be asserted against the JKA/WF America by any individual or third party as a direct or indirect result of my participation in the practice of Karate, from my use of the equipment of the JKA/WF America, from my participation in any activity directly or indirectly associated with the JKA/WF America or from my use of Karate techniques. _____ (initial)

Furthermore, by signing this applications and paying or authorizing payment of my annual membership dues, I/we certify that: **1)** I/we have never been arrested for, convicted of or received deferred adjudication for any sex offense, felony or other crime(s) of moral turpitude; or if so, I/we must apply for membership (and receive) approval through the JKA/WF America Main Office directly with a letter of explanation regarding complete details. _____ (initial)

2) I/we have never been incarcerated in any local, state or federal jail or prison for any sex offense, felony or other crimes(s) of any nature whatsoever, or if so, I/we must apply for membership (and receive approval) through JKA/WF America Main Office directly with a letter of explanation regarding complete, details; and , _____ (initial) **3)** I have consulted with and been examined by a licensed physician and released to participate in the vigorous activities associated with karate training; _____ (initial)

Do you have any medical conditions (including infectious diseases and blood borne pathogens) that could pose a hazard to yourself or fellow students?

Yes No If yes, please provide a physician's release. _____ (initial)

Student Signature _____ Date _____

APPROVAL AND ACCEPTANCE BY PARENTS OR GUARDIAN

The undersigned, the parents or legal guardian of _____ have read the forgoing, understand the same and do hereby accept and agree to the term, conditions and provisions of the foregoing Release indemnity on behalf of ourselves and the said minor, intending to be legally bound hereby.

Parent Signature _____ Date _____

Approval and acceptance by JKA/WF America _____ (country) _____ (dojo name)

Date accepted: _____ Authorized by: _____

Club Membership No. _____



APPLICATION for INDIVIDUAL MEMBERSHIP

of the Japan Karate Association • World Federation America

Name _____ Dojo Name _____

Starting Date _____ Instructors Name _____ Age _____

| DATE | BASIC TECHNIQUES | KATA | KUMITE | REMARKS | GRADE |
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Notes:

Approval and acceptance by JKA/WF America _____ (country) _____ (dojo name)
Date accepted: _____ Authorized by: _____
Club Membership No. _____