



JKS Christchurch Karate Club

Japan Karate Shoto-renmei (JKS)

REGISTRATION FORM

First Name Surname

Age DoB Grade.....

Address

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Home (Tel) Mobile (Tel)

Email address

Emergency contact Contact #

PREVIOUS KARATE EXPERIENCE, *if any*

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1. By signing this I/ we hereby acknowledge and accept the rules (terms and conditions) as stated in the information pack
2. I accept JKS Karate is a martial art and as such indemnify the Chch Karate Club and it's instructors of any liability caused through injury or mishap that may occur.
3. I endeavor to train with strong Karate spirit, to give my best effort, to follow the dojo kun and Karate etiquette at all times
4. The JKS Club reserves full right of admission and the sole right and authority to remove any students if deemed in the best interest of JKS and Dojo, either temporarily or permanently
5. I have read and understand what is expected of a Karate-ka and will bring honor to Karate-do

Signed by
(If under 16 years, Guardian or Parent(s) must sign)

Date