

SHOTOKAN SCHOOL KARATE - DO ASSOCIATION OF WEST BENGAL

Affiliated to SHOTOKAN SCHOOL KARATE - DO ASSOCIATION OF INDIA
APPROVED BY KARATE ASSOCIATION OF INDIA

Recog. By: **GOVT. OF INDIA** MINISTRY OF YOUTH AFFAIRS & SPORTS

MEMBER OF WORLD KARATE FEDERATION / ASIAN KARATE FEDERATION / INTERNATIONAL OLYMPIC COMMITTEE

OFFICE : 249, G.T.ROAD, LILUAH, HOWRAH CONTACT : 9804290581/9007715522



STUDENT'S APPLICATION FORM

1. APPLICANT'S DETAILS:

Name (in block letters):.....

Date of Birth:..... Age Gender.....

Address:.....

City:..... District:..... Pin:.....

Telephone Home:..... Mobile

Email Blood Group.....

Marital Status Occupation

2. MEDICAL QUESTIONNAIRE:

Any physical defects: Yes /No . Explain

Any chronic diseases: Yes /No Explain

Any Recent Operations: Yes /No Explain.....

In case of emergency contact:

Name Mobile.....

Relationship to student.....

3. MARTIAL ARTS HISTORY:

Have you learnt Martial Arts before/are you currently studying a Martial Art?
Yes..... No.....

If yes: Style name.....

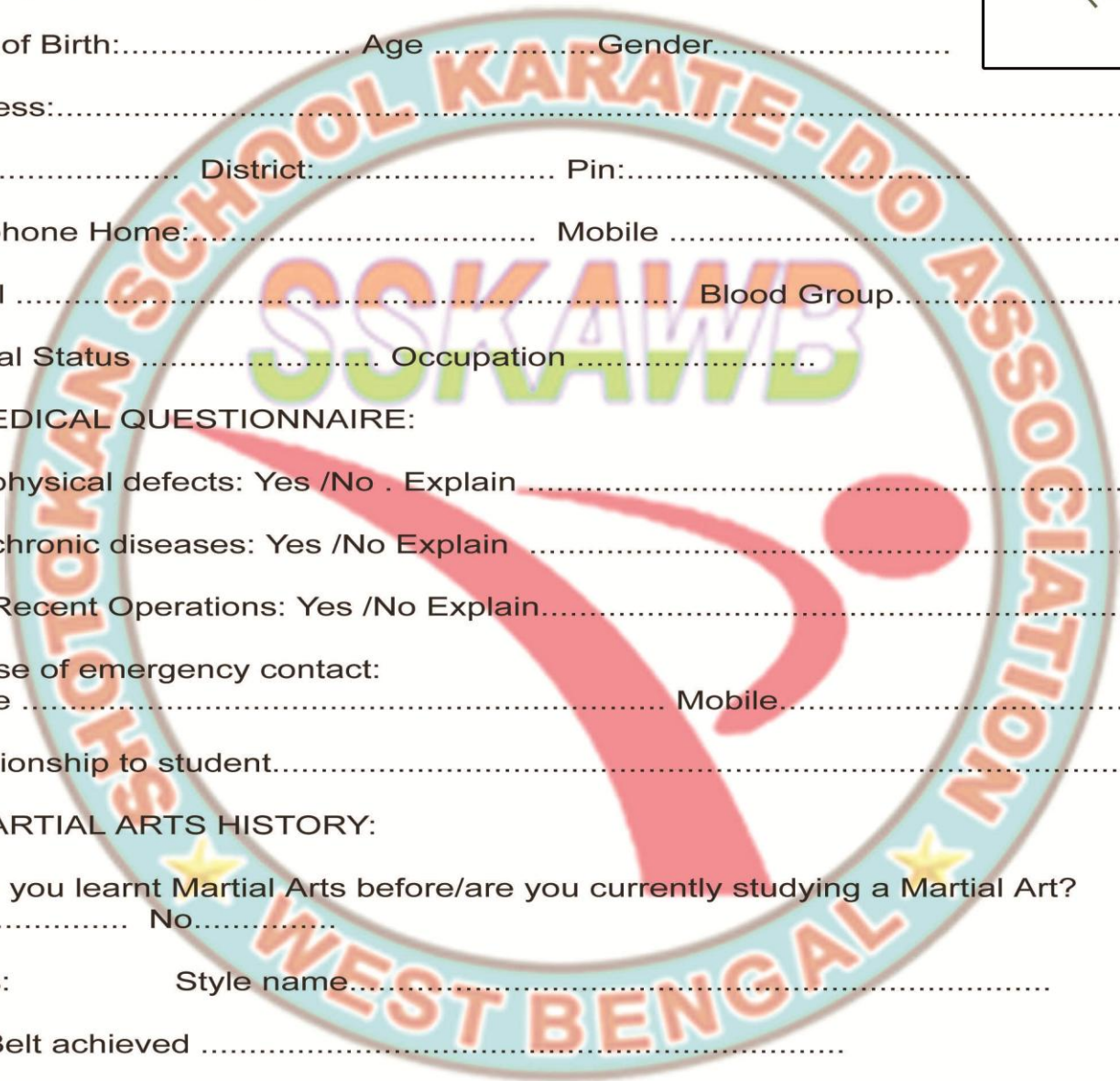
Belt achieved

No. of Years/months learned

Name of your Instructor

Instructor's phone no.

Pasport Size
2 copy
Photos



4. GUARDIAN'S CONSENT:

I hereby certify and decree that all the information contained in the declaration above is true and accurate. By signing this declaration I agree that the applicant will be bound by the terms and conditions of Shotokan School Karate Association of West Bengal.

Dated:.....

Signature of the guardian / father / mother:.....

FULL NAME:.....

5. APPLICANT'S DECLARATION:

I, the undersigned agree to waive any claims against SSKAWB or any of its Instructors for injuries received during any practices or scheduled events or contests. I understand that martial arts training has an inherent risk for injury.

I sincerely pledge to obey all rules and regulations, which are set up for the purpose of keeping the order of the school, and for the protection of students from injury. I recognize that a risk is involved in this art that requires my adherence to these rules and to the instructors discipline.

I also understand and accept the conditions that my enrollment may be terminated at any time without notice if it is proven by SSKAWB staff that I have knowingly and willingly misstated any facts on my application or violated any of the safety rules repeatedly.

Signature.....

Date.....

FOR OFFICIAL USE ONLY

MEMBERSHIP NO.

APPROVED BY.....

REMARKS

DOJO

BRANCH..... DATE.....

.....
SEAL WITH SIGNATURE
SHIHAN S.S.SHARMA
6th Dan Black Belt (SSKAI)
5th Dan Black Belt (KAI)
Chief Instructor of West Bengal