

Male Female

U.S. KARATE-DO TOKUKAI

REGISTRATION FORM TO ATTEND A RANK IN THE ART OF SHOTOKAN



This section is for Adult Student	s	
Full Name		Birth date :
Email:		Phone nr :
This section is for students unde	r 18 years ald	
	•	
Parent (s) name:		Phone nr:
Home address:		
City:	State:	Cip:Cell Phone:
Does the karate student have any	health conditions the club	or sensei (teacher) needs to be aware of? If se
please describe:		
Emergency contact:		
How many classes /week would	you like to attend (for price	s, sessions & more) visit: daniel-tokukai.com
Your rank now:		from last rank
U.S. Karate-do TOKUKAI is a USA-ber .Please read the following and sign		ported by member dues and fund raising by the mem-
Have received and read the USKT by-	laws and agree to abide by the clu	ıb by-laws.
Agree to assume responsibility for all	fees, registration and karate meet	obligations associated with membership
(are) covered by an existing health and	l accident insurance policy, USK liability for accidents or injury inc	adent(s) to be registered is (are) in good health and is T, its board, sensei, master(s), teacher(s), practice curred during participation. No personal information ssion.
Signature	(under 18) Parent or Guardian	Date