



# SHITORYU KARATE SPORTS ACADEMY

Regd. No: F/21172/AHMEDABAD

Approved by: Karate India Organization (KIO)  
 Member (KIO): World Karate Federation (WKF)  
 WKF Recognized by: Indian Olympic Committee (IOC)  
 ☎ 99794 86944 🌐 www.shitoryukarateacademy.com

## ◀ ADMISSION FORM ▶

Registration no. \_\_\_\_\_

Applicant Name (as per Aadhaar Card)			Student's Photo																																				
Father's Name																																							
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other																																						
Birth Date																																							
Address																																							
Contact No.	1) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																						
School Name			STD																																				
Past Kyu (Belt Colour)	If you are fresher, write here "N/A"		Karate Style Name																																				
Present Kyu (Belt Colour)	If you are fresher, write here "10 <sup>th</sup> Kyu (White Belt)"																																						
Any Health Issue?																																							
Applicant Signature																																							

## ◀ CONSENT FORM ▶

I, \_\_\_\_\_ (Father/Mother/Guardian) am aware that Karate is a contact sport and that injuries may occur in the course of participation. I am also aware that the term "Injuries" includes of every description including temporary disablement, permanent disablement as also loss of life.

I authorize and consent to being rendered all medical treatment to my child, in case of any injury during Training / Travel / Event / Stay by the Your Organizer and those associated with it. I agree to reimburse the cost of such medical treatment and any other incidental expenses so incurred.

I have read and understood the above and I have signed this consent form of my own free will.

Date:
Place:

Signature here
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Mother  Father  Guardian  Self

>> Submit a copy of applicant's Aadhaar card along with this