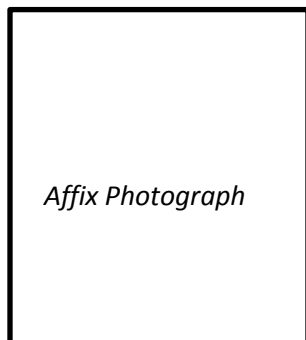


Shito Ryu Karate Do Kenshō Bugei Kai Intl (KENWA KAI INDIA)

604 - Emilia, Nvati Meadows, Kalvaninagar Ext. Pune 411014, Maharashtra, India. Email: Shitoryukbk@yahoo.com mobile: 08805026560

REGISTRATION FORM



Affix Photograph

Registration no*: _____

Dojo: _____

Blood Group: _____

Height: _____ Weight: _____ Kg

Name _____ Date of Birth: _____

Guardians Name** _____ Contact: _____

Address _____

Email _____

Phone _____

Mobile _____

Person to Contact in case of Emergency _____

Have you suffered any accident / Undergone surgery/ have ailments that may affect your ability to train?

If yes please Specify _____

Are you on Medication that may affect your ability to train? (e.g. Asthma inhaler, Blood pressure medication, insulin etc.)

If yes please specify _____

Note: Should any of the information specified in relation to injury or illness as listed above change. The onus is on the student to inform the instructor as soon as they become aware of this, and prior to taking part in further training sessions

Have you participated in any form of Martial arts before? If yes what is the style and instructor name? _____

_____ Last Dan / Kyu grade awarded _____ on date _____

Terms and Conditions

- I do hereby make application to join Shito Ryu Karate Do Kenshō Bugei Kai Intl (henceforth referred as KBK). And if Accepted I agree to abide by the rules as outlined in the 'Dojo Etiquette and Procedures' of the manual of Kensho Bugei Kai which may be updated from time to time. In the event of injury suffered while participating in such training/ classes or events, I agree to accept full responsibility.

- By signing below I agree to act responsibly with the techniques taught to me by the KBK and under no circumstances shall the information and techniques learned at the KBK training Programs be used outside scheduled training time unless absolutely necessary for self defence and during events sanctioned or organized by KBK
- KBK do not warrant that the use of protective equipment will completely eliminate the possibility of accident or injury but will reduce the risk of accident or injury. In recognition of the possibility of an accident or injury connected with martial arts training in KBK, I waive any rights or cause of any kind of action arising from such activity and any liability against the KBK, Its volunteers, Officers, Agents, Employees, Instructors, Technical and Managing Committee.
- I acknowledge that physical contact will be used by instructors of the KBK, other students and / or authorized individuals as part of my Karate and other self defence instruction and give full consent to any physical contact as may be required or is customary to martial arts and self defence training
- I acknowledge and understand that my participation in activities associated with membership of KBK may involve a significant degree of physical exertion or personal injury or death. By signing this document and participating in the activities associated with the KBK I am not aware of any medical or physical condition other than those listed previously which could lead me to believe there is a risk to my health
- I acknowledge that KBK takes no responsibility for loss or damage of my personal belonging.
- I acknowledge and agree that any photographs or video taken whilst participating in class, Grading, tournament, demonstration, camp or seminar be available to KBK and to be used on their web sites or advert / Promo material.
- KBK may make modifications to the class schedule as deemed necessary; this may include altering the current class schedule, closing school on public holidays or for special events and any other purposes without affecting the tuition payments. Such modifications do not relieve the student of the payment obligations.
- KBK may close school for a period not exceeding 4 weeks (unless venue management related delay occurs) per year. Tuition fees for this period will be suspended.
- **Student's failure to attend classes does not relieve the obligation to pay the agreed tuition fee for the month in full.** The student assumes all the responsibility for any costs of collection including but not limited to reasonable collection agency fees, court costs, reasonable lawyer's fees, and applicable late charges that may be incurred for default of payments.
- The student agrees not to engage in martial arts teaching practices without permission of the Technical Director of the KBK within 20 km radius of the school or any school associated with KBK during the term of his contract and for a period of 5 years following disassociation with KBK

I acknowledge that all information provided by me in this registration form is true and correct at the time of signing this terms and conditions and that I agree to all the points in the terms and conditions given above

Name: _____ Signature _____ Date: _____

* Relationship with the student: _____

** To be filled by parent or guardian if the student is less than 18 years old (minor)*

This section to be filled by Instructor in charge of the Dojo whilst completing registration formalities

DOJO: _____

Instructor Name: _____

Date: _____

Signature: _____