

International Karate Kobudo Union Registration Form



DOJO: _____
Instructor: _____
Address: _____
City/State/Zip: _____
Phone: _____

January 14, 2010

Student's Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: ____/____/____ SSN#: _____ Telephone #: _____

E-mail Address: _____

List any and all grades in other styles you currently hold (copies of diploma for Brown\Black Belt required).

Rank/Grade: _____ Style: _____ Date of Rank: _____

Instructor's Name: _____ Instructors' Rank: _____

Do you belong to any organization that wishes to overthrow the United States Government by any means whatsoever? _____ Should you belong to such your membership cannot be accepted!!

I, the above identified person, hereby make application for membership and training in those arts sponsored by the International Karate Kobudo Union. All statements cited above are true and correct to the best of my knowledge. Upon acceptance I sincerely pledge to obey all rules and regulations which have been designed for the purpose of discipline and protection of myself and other students from injury. I recognize that a degree of risk is involved in the practice of any fighting art that requires my devotion and adherence to such rules and the instructor's discipline.

I hereby fully and unquestionably release the International Karate Kobudo Union, the school of Martial Arts, instructors, employees, agents, members and authorized guests from any and all claims for any and all injuries, accidents and/or losses I may receive and/or sustain while learning or practicing martial arts sponsored or instructed by this International Karate Kobudo Union and/or any other separate activity having membership therein.

Student's Signature: _____

Parent/Guardian Signature: _____

OFFICE USE ONLY:

Approved: _____ Disapproved: _____ Date: ____________

Soke Joseph R. Ruiz, Founder of International Karate Kobudo Union