



# Mid-America ISKF



## Kyu / Dan Pre-Test

### REGISTRATION FORM

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| First Name           | Last Name            | Current Rank         | Club Affiliation     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Exam            | Cost    | Amount Paid          |
|-----------------|---------|----------------------|
| Kyu Exam        | \$35.00 | <input type="text"/> |
| I.S.K.F. Dues   | \$50.00 | <input type="text"/> |
| Other:          |         | <input type="text"/> |
| Total Enclosed: |         | <input type="text"/> |

|                      |                       |                      |
|----------------------|-----------------------|----------------------|
| ISKF Card Number     | Expiration Date       | Age                  |
| <input type="text"/> | <input type="text"/>  | <input type="text"/> |
| Start Date           | Date of Last Exam     | Testing Kata         |
| <input type="text"/> | <input type="text"/>  | <input type="text"/> |
| Date of This Exam    | Location of This Exam |                      |
| <input type="text"/> | <input type="text"/>  |                      |

**➔ This form must be received one week prior to the exam.**

**\* Instructors Approval Signature \***

Please make checks payable to: **Mid-America Karate, Inc.**

- Placement Test (Transferring from another organization)    
  Dan Pre-Test (No Fee)  
 ISKF Passport - \$60 (Required for 1 Kyu & above)

**Payment submitted:**

- Check # \_\_\_\_\_    
  Cash    
  Paypal

Please send forms to:  
[kweber@MidAmericaISKF.com](mailto:kweber@MidAmericaISKF.com)  
 or  
 1020 Nottingham Dr. Cincinnati, OH 45255

**Release Form**

The undersigned, in consideration of being permitted to participate in Shotokan Karate training, competition and/or testing, hereby waives and releases the International Shotokan Karate Federation and its successors, Mid-America Karate, Inc., its members, instructors, affiliates and facility providers from any liabilities for damages due to the loss or damage to property, personal injury or death which may occur at such facility for said purpose. The undersigned represents that he/she is fully aware of the risks of such participation, has no health conditions presenting any increased risk and has adequate insurance coverage in force to cover any such loss or damage. This release is binding upon the undersigned and his/her heirs, executors and administrators.

(Please Do Not Detach)

\_\_\_\_\_  
Signature of participant or parent/guardian for under 18

\_\_\_\_\_  
Date

## INTERNATIONAL SHOTOKAN KARATE FEDERATION

### EXAMINATION FORM

|                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Last Name:           | First Name:          | Age                  | Present Rank         | Start Date           |
| Dojo or School       | ISKF Card Number     |                      | Date of Exam         | Place of Exam        |
| Registration Fee     | Examination Fee      |                      | Membership fee       |                      |
| Kihon                | Kata                 | Kumite               | Other                | Results              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Additional Remarks: