

## **Mid-America ISKF**

## Kyu / Dan Pre-Test REGISTRATION FORM



SKF Card Number   Expiration Date   Age   Start Date   Start Date   Date of Last Exam   Testing Kata   I.S.K.F. Dues   S50.00   Date of This Exam   Date of This Exam   Location (Location Inc.)   Location of This Exam   Location Inc.   Location of This Exam   Location of This Exam   Location Inc.   Location of This Exam   Location of This Exam   Location Inc.   Location of This Exam   Location Inc.   Location of This Exam   Location Inc.   Location Inc.   Location Inc.   Location			Last Name		Current Rank		Club Affiliation		
Exam									
Start Date   Date of Last Exam   Testing Kata		•		ISKF Car	rd Numl	ber Expiration	Date	Age	
Date of This Exam	Exam		Amount Paid						
Date of This Exam		· ·		Start Date		Date of Las	st Exam	Testing Kata	
Total Enclosed:  This form must be received one week prior to the exam.  Please make checks payable to: Mid-America Karate, Inc.    Placement Test (Iransferling from another organization)   Dan Pre-Test (No Fee) (Iransferling from another organization)   SIKF Passport - \$60 (Required for 1 Kyu & above)     Payment submitted:		\$50.00		┧└───					
This form must be received one week prior to the exam.  Please make checks payable to: Mid-America Karate, Inc.    Placement Test   Dan Pre-Test (No Fee)     Canother organization   ISKF Passport - \$60 (Required for 1 Kyu & above)     Payment submitted:   Cash   Paypal	Other:			Date of	This Exc	am Location o	f This Exc	am	
Please make checks payable to: Mid-America Karate, Inc.    Placement Test (Transferring from another organization)   Dan Pre-Test (No Fee) (Required for 1 Kyu & above)   Please send forms to: kweber@MidAmericalSKF.com Or 1020 Nottingham Dr. Cincinnati, OH 45255	Total Enclosed:								
Placement Test (Transferring from another organization)  Payment submitted:    Cash   Paypal   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 soid purpose. The undersigned represents that he/she is fully aware of the fists of such participation, has no health conditions presenting any increased sits and has adequate insurance coverage in force to cover any such loss or damage. This release is binding upon the undersigned and his/her heits, executors and administrators.    Please Do Not Detatch    Signature of participant or parent/guardian for under 18   Date	This form	must be receive	d one week p	rior to th	e exa	m. * Instruct	ors Appı	roval Signature *	
Class   Skept   Skep	Please make che	cks payable to: Mic	d-America Kar	ate, Inc	<u>.</u>				
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Payment submitted:    Cash   Paypal	(Transferring from		\$60 (Required for 1 Kyu	·					
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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, offiliates 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 Detatch]  Signature of participant or parent/guardian for under 18  Date  INTERNATIONAL SHOTOKAN KARATE FEDERATION  EXAMINATION FORM  ast Name: First Name: Age Present Rank Start Date  Dojo or School ISKF Card Number Date of Exam Place of Exam  Place of Exam  egistration Fee Examination Fee Membership fee	Check #	<u> </u>				1020 Nottingham	n Dr. Cin	cinnati, OH 45255	
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 properly, 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 Detatch)  Signature of participant or parent/guardian for under 18  Date  INTERNATIONAL SHOTOKAN KARATE FEDERATION  EXAMINATION FORM  ast Name: First Name: Age Present Rank Start Date  Dojo or School ISKF Card Number Date of Exam Place of Exam  Place of Exam  egistration Fee Examination Fee Membership fee	The undersigned, in co	nsideration of being permi			rate trainir	na, competition and	or testina	hereby waives and	
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 Detatch]  Signature of participant or parent/guardian for under 18  Date  INTERNATIONAL SHOTOKAN KARATE FEDERATION  EXAMINATION FORM  ast Name: First Name: Age Present Rank Start Date  Projo or School ISKF Card Number Date of Exam Place of Exam  egistration Fee Examination Fee Membership fee	releases the Internation	ial Shotokan Karate Federa	tion and its successor	s, Mid-Ameri	ca Karate	e, Inc., its members, ir	nstructors,	affiliates and facility	
Age Present Rank Start Date  INTERNATIONAL SHOTOKAN KARATE FEDERATION  EXAMINATION FORM  International Start Date  INTERNATIONAL SHOTOKAN KARATE FEDERATION  EXAMINATION FORM  International Start Date  International Start Date	said purpose. The und	lersigned represents that h	e/she is fully aware of	the risks of s	such part	icipation, has no hed	alth condit	ions presenting any	
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Additional Remarks: