PHOTO IS REQUIRED

公益社団法人 日本空手協会
Japan Karate Association Noida
The Keeper of Karate's Highest Tradition
09891112025 www.jkanoida.com

STUDENT INFORMATION & DISCLAIMER FORM

Joining Date: / /

Student Name _____

Parent's / Guardian's Name _____

Address _____

Mobile _____ Email _____

Date of Birth: ___/___/_____ Sex: Male □ Female □ Age _____

Name of School/College/Work _____

EMERGENCY

Who do we contact in case of emergency (Name) _____

Mobile _____

EXERCISE & MEDICAL DATA

Do you have any serious medical condition? Yes □ No □

Are you taking any medication? Yes □ No □

Any allergies, diabetes, asthma, heart condition, or any medical condition? Yes □ No □ Other

Medical Conditions:_____

STUDENTS CODE OF CONDUCT POLICY

- I do hereby, confirm, that I will conduct myself with proper, healthy, safe, respectful, & responsible behavior, as per the 5 Karate do Dojo Kun, (Principles), as well as uphold the decorum of the JKA Noida Karate Academy.
- I shall be prompt for my classes & be considerate towards the time & efforts of my fellow students & Instructors.
- I shall also be prompt in ensuring that my tuition dues are paid in advance, on time, before resuming my classes, i.e. I shall pay the quarterly dues by the 25th of every month prior to the start of the quarter. I understand that thereafter, a late charge of INR 100 will be added to my dues.
- I understand that after a month of delinquency in being late to pay my dues, the JKA Noida has the right to stop me from attending the classes.
- I understand that I need to be current with my quarterly tuition dues, annual membership fees, as well as good conduct & constant progression in technique, to be permitted to test for my grades, compete in tournaments, as well as attend events endorsed by the JKA Noida

DISCLAIMER

The undersigned student, guardian or parent assumes the risks of participating in this type of activity and acknowledges that their child or they are fit and/or have a regular physician they can contact regarding any medical problems that they might develop. The undersigned expressly waives, releases, discharges, and agrees not to make the owners of JKA Noida, karate instructor, JKA, JKA UP, JKA India, or the facility liable for any accident, disability, personal injury or action of any kind for participating and/or training in said sporting/karate activity.

Name_____Date _____/_____/_____

Relation _____ Signature _____

REFERRED BY – CHECK ONE

□ Website □ Facebook □ Flyer □ Website □ Magazine □ Newspaper □ Other

Other Please Specify _____

□ School Name: _____ □ Person Name: _____