



JKA-SHOTOKAN KARATE-DO INTERNATIONAL AMERICAN JAPAN KARATE ASSOCIATION

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APPLICATION FOR EXAMINATION OF GRADES

(Please Print Clearly)

Name: _____

Address: _____

State: _____

Zip: _____

Phone: _____

E-mail: _____

Club: _____

Club Membership: No. _____

Date of Enrollment: _____

Instructor: _____

Present Rank (Date): _____

Active Experience: _____

Fee Paid: _____

Received by (Date): _____

Kyu

Yrs

Mos

\$

RELEASE

I hereby release discharge and acquit *JKA-Shotokan Karate-Do International & American Japan Karate Association* and all individuals and groups in any way connected thereto from any and all responsibility regarding any injuries I may sustain while participating in this promotion examination. Moreover, I shall respectfully comply with the decisions of the judges regarding my test results.

Applicant's Signature: _____

Date: _____

Signature of Parent or Guardian.

If Applicant is Under 18 years of age: _____

INSTRUCTOR APPROVAL:

Having met all of the necessary requirements of our organization and the Association. I hereby approve and authorize subject student's application for participation in this examination.

Instructor's Signature: _____

JKA NA OK ? _____

Dues OK ? _____

Rank Date: _____

KIHON	KATA	KUMITE	RESULTS	REMARKS