Northern California Karate Association

Membership Application

Name (Print):_____ Day Phone:(____)_____

Address:_____ City: _____ Zip:_____

Date of Birth:____/____/____ Age:_____ Height:_____ Weight:_____

Previous Karate? Y / N Style:_____ Rank:_____ When Issued:_____

Occupation:_____ Education Level:_____

E-Mail Addresses:_____

Do you have medical insurance? Y / N Type & Carrier _____

References: 1. _____
Name Address

Emergecy Contact 1. _____
Name Address

Please read the following contract carefully and sign your name below

I, the undersigned student of the Northern California Karate Association, in accordance with the instructions given and to be given by the instructors during the course, do hereby agree to follow any said instructions and do hereby release and agree to hold blameless said Northern California Karate Association, the City of Palo Alto, its representatives, or assignees from any and all claims for injury or other damage that I might incur while a student in or of said Dojo.

Signature: _____

If a minor, parent or guardian sign here: _____

Date: _____

For office use only, do not write below

NCKA Member:_____ NCKA Number:_____ Inactive Date:_____

Test Record:

Rank acquired												
Date tested												
Tested by												