

₹150/-

Sushan's Karate-Do Academy

SHITO-RYU SEIKO KAI KARATE-DO DIST.KALIMPONG & DARJEELING BRANCH



Affiliated with: Seiko Kai Karate-Do International (India)
Officially Approved By: Karate-Do Association of Bengal(KAB) & Karate Association of India(KAI)
Member: World Karate Federation, Asian Karate-Do Federation, South Asian Karate-Do Federation & Kalimpong Sports Karate-Do Association
Recognized By: Bengal Olympic Association, Indian Olympic Association & Govt. of India (Ministry of Youth Affairs & Sports)



Head Office: Dr.B.L Dixit Road, Kalimpong-734301, Phone No. +91-9933423098/7076766302
E-mail: sushankarate@gmail.com, Website: www.sushankarateindia.org

ADMISSION FORM

Paste recent
Passport Size
Photograph

Name of the Applicant _____ Sex: M F

Date of Birth Blood Group Mobile

Address _____

School's Name _____ Class _____

Father's Name _____ Occupation _____

Office Address _____

Office Telephone No. _____ Mobile _____

Do you have any police record if yes give detail? _____

Do you suffer any ailment? _____

RULES & REGULATIONS

1. Academy/Dojo/Instructor will not take responsible in case of any injury during the course of Karate Training/Championship/demostration or any other activity of Karate.
2. Student must wear proper Karate uniform during the course of Karate practice.
3. Student must wear protective equipments approved by WKF/KAI during the time of Kumite (Sparring).
4. Student must follow the rules and regulation of the Academy/Dojo/ Shito-Ryu Seiko Kai Karate Do Dist. Kalimpong/Dist. Darjeeling Branch and Instruction of its Chief Instructor Sensei Sushan Thapa Black Belt 4th Dan.
5. Student must deposit their dues in time, if any.
6. Student are not allowed to teach Karate skills without the permission of Chief Instructor/Dojo Instructor.

DECLARATION

I hereby declare that the above said information are true to the best of my knowledge. I/my s/d/w shall abide the rules & regulation of Academy/Dojo. I also understand that Academy/Dojo has the right to terminate/expel/suspend from the Academy/Dojo if I/my s/d/w found involved in any criminal/civil offense or any act for spoiling the atmosphere, prestige and dignity of Karate-Do.

Signature of Applicant

Place: _____

Date: _____

Signature of Parent/Guardian (in case of Minor)

For Official Use

Registration No.

Date of Joining

Name of the Dojo _____

Signature of Chief Instructor/Dojo Instructor

NOTE: PLEASE ENCLOSE PHOTOCOPY OF BIRTH CERTIFICATE