



TORA SHOTOKAN KARATE ASSOCIATION

ADMISION FORM

Name	:	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Admission Date	:	.....
Phone	:	.....
Date of birth	:	.....
Height/weight	:	.....
Permanent address	:	..... .....
Name of father	:	.....
Nearest police station	:	.....
Occupation	:	.....
Health report	:	.....
Sex	:	Male/Female	
Purpose of learning	:	.....
Blood group	:	.....
Identification mark	:	.....

I am fully aware that any damage/injury caused to me during Training will be my responsibility (if the student age below 18 years, parents consent is necessary)

Name of Dojo

Name of Instructor

Signature

Signature of Parents/Student(Thump print)