



# Goju Shin Ryu International

School Of Traditional Martial Arts

Edmonton, Alberta Canada - T5E 6Y6

## ADMISSION FORM

Student Id \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Phone Number: \_\_\_\_\_ Sex \_\_\_\_\_

Have you ever been convicted on a charge of violence? No Yes

Have you any medical conditions that may affect your training? No Yes

Have you any type of disability? No Yes

Details for any "YES" above: \_\_\_\_\_

Purpose for joining Karate: \_\_\_\_\_

Goju Shin Ryu International has my Permission to take my Photograph/video publicly to promote the practice. i understand that images/video may be used in the print brochure, website and social media. i understand that no Royalty, fee or other compensation shall become payable to me by reason of such use. Signatures ➡ \_\_\_\_\_

Please return completed form with correct amount to your Instructor.

### DECLARATION TO BE COMPLETED BY APPLICANT AND PARENTS

1. I accept that training in the Martial Arts may involve the risk of injury.
2. I clearly understand that the practice of Martial Arts is entirely at my own risk.
3. I undertake to abide by the rules and articles of the Goju Shin Ryu International

Signed: \_\_\_\_\_ Parents Signature \_\_\_\_\_

For Office use only:

Instructor Name:..... License Number.....

Instructor Signature..... Date.....

No \_\_\_\_\_

Paste your photo  
here