

Development

Discipline

Dynamism



বাংলাদেশ কারাতে ফেডারেশন

Bangladesh Karate Federation

Bangladesh Shito-Ryu Karate-Do Union

Dojo: HSTU KARATE DOJO

Branch:

Location:



Reg. No.:

MEMBERSHIP FORM

Name
English (In Capital)

বাংলাদেশ

Father's Name
English (In Capital)

কারাতে

Mother's Name
English (In Capital)

ফেডারেশন

Present Address

বাংলাদেশ

Permanent Address

কারাতে

Date of Birth (DD/MM/YYYY) :

ফেডারেশন

Age:.....

Occupation:.....

Height

বাংলাদেশ

Weight:.....

Blood Group:.....

Nationality

বাংলাদেশ

Religion:.....

NID/Birth Cert./Passport

কারাতে

E-mail:.....

Mobile No.

ফেডারেশন

Relation:.....

Emergency Contact Number

বাংলাদেশ

Occupation:.....

Name of Institution

কারাতে

.....

Level/ Class

ফেডারেশন

.....

ID/ Roll

বাংলাদেশ

Faculty/ Dept.:.....

Activities

কারাতে

If you have any previous activities with Marshal Art, describe:.....

Motive of the Training

ফেডারেশন

.....

I hereby acknowledge and accept full responsibility for any and all injuries, damages, or consequences that may arise, directly or indirectly, from my participation in karate training, and I waive any claims against the instructors, organizers, or facility arising from such participation.

Signature of Applicant

Date:

Signature of Authority

Date: