



বাংলাদেশ কারাতে ফেডারেশন Bangladesh Karate Federation

Bangladesh Shito-Ryu Karate-Do Union

Dojo: HSTU KARATE DOJO

Branch:

Location:



Reg. No.:

MEMBERSHIP FORM

2 Copies
Passport Size
Photo

Personal Information

Name

English (In Capital)

বাংলায়

Father's Name

English (In Capital)

Mother's Name

English (In Capital)

Present Address

Permanent Address

Date of Birth (DD/MM/YYYY) :

Age:

Blood Group:

Height

Weight:

BMI:

Nationality

Religion:

NID/Birth Cert./Passport

Mobile No.

E-mail:

Emergency Contact Number :

Relation:

Qualification

Occupation

Name of Institution

Level/ Class

ID/ Roll

Faculty/ Dept.:

Activities

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

Motive of the Training

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: