



**APPLICATION FOR EXAMINATION OF GRADES**

(Please Print Clearly)

Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Club: \_\_\_\_\_ Club Membership: No. \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Instructor: \_\_\_\_\_

Present Rank: \_\_\_\_\_ Active Experience: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Kyu Yrs Mos \$

**RELEASE**

I hereby release discharge and acquit *JKA-Shotokan Karate-Do International & American Japan Karate Association* and all individuals and groups in any way connected thereto from any and all responsibility regarding any injuries I may sustain while participating in this promotion examination. Moreover, I shall respectfully comply with the decisions of the judges regarding my test results.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian.  
*If Applicant is Under 18 years of age:* \_\_\_\_\_

**INSTRUCTOR APPROVAL:**

Having met all of the necessary requirements of our organization and the Association. I hereby approve and authorize subject student's application for participation in this examination.

Instructor's Signature: \_\_\_\_\_

JKA NA OK ? _____
Dues OK ? _____
Rank Date: _____

KIHON	KATA	KUMITE	RESULTS	REMARKS