



# INTERNATIONAL MEIBUKAN GOJU-RYU KARATE-DO ASSOCIATION

BN 8071 9518

## Goju Karate St. Norbert

(204) 261 5606 - [de4j@yahoo.ca](mailto:de4j@yahoo.ca) - [www.karatesn.com](http://www.karatesn.com)

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STUDENT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

PREVIOUS TRAINING \_\_\_\_\_ RANK \_\_\_\_\_ STYLE \_\_\_\_\_

MEDICAL ISSUES \_\_\_\_\_

ADDRESS \_\_\_\_\_  
                    APT                      STREET                      CITY/TOWN                      POST CODE

EMAIL \_\_\_\_\_

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION  
(UNDER AGE 18 MANDATORY)

NAME(S)/PHONE NUMBER(S) \_\_\_\_\_

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### WAIVER

I, \_\_\_\_\_ hereby make application for full membership in the Meibukan Goju Karate St. Norbert Dojo and, upon acceptance; I sincerely pledge to obey all Dojo rules and regulations that were formulated for the purpose of keeping order in the Dojo and for the protection of pupils from injury. I further acknowledge and understand that a risk of injury is involved requiring my strict adherence to these rules and regulations, and to the Instructor(s) discipline.

In consideration of accepting my application, I, my heirs, executors and administrators do hereby forever release, remise and discharge the International Meibukan Goju-ryu Karate-do Association, it's board, staff, members and associates; and the Meibukan Goju Karate St. Norbert Dojo, its instructors, members and authorized guests from all responsibilities and all claims for injury which I may receive while practicing the art of Okinawa Meibukan Goju-ryu Karate-do. The parents or guardians of the applicant hereby request that this application be accepted and, in consideration of this acceptance, hereby agree to indemnify the International Meibukan Goju-ryu Karate-do Association, it's board, staff, members and associates; and Meibukan Goju Karate St. Norbert Dojo, its instructors, members and authorized guests, of and from all manner of claims made by or on behalf of the applicant.

I have read and understood all of the aforementioned rules and regulations and sincerely pledge to adhere to them and to the instructor's discipline.

\_\_\_\_\_  
INSTRUCTOR

\_\_\_\_\_  
APPLICANT/PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**Parent Permission Form - Publishing of Student Picture or Likeness**

We understand that our son or daughter's picture, with or without a caption, may be published on a web page. The caption will only contain the first name of our child. No home address or phone number will appear with the picture. The picture will appear with a copyright notice prohibiting the copying of such work without express written permission. In the event anyone requests such permission, those requests will be forwarded to us as parents.

We grant permission for the Meibukan Goju Karate St. Norbert Dojo and/or I.M.G.K.A. publishing as described above. A copy of all such publishing will be printed out and brought home for us to see.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I, the student, give my permission for such publishing.

Name \_\_\_\_\_ Date \_\_\_\_\_

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**Parent Permission Form – Emergency Medical Treatment**

In case of medical emergency, parent/guardian gives consent for MEDICAL TREATMENT to be given to participant by CERTIFIED MEDICAL PROFESSIONALS or by qualified first aide staff. I also give permission for my child to be transported by ambulance or car to an emergency center for treatment. I understand that accident or health insurance is the responsibility of parents or legal guardians.

Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_

I, the student, give my permission for such emergency medical treatment.

Name \_\_\_\_\_ Date \_\_\_\_\_

**BELT RANKING OF STUDENT**

Start date	
7 <sup>th</sup> Kyu	
6 <sup>th</sup> Kyu	
5 <sup>th</sup> Kyu	
4 <sup>th</sup> Kyu	
3 <sup>rd</sup> Kyu	
2 <sup>nd</sup> Kyu	
1 <sup>st</sup> Kyu	
Shodan-ho	
Shodan	
Nidan	
Sandan	
Yondan	
Godan	

**NOTES CONCERNING STUDENT**

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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