



Japan Karate Association
World Federation Of Kuwait



Application Form
www.JKA-Kuwait.com

Name : _____ Gender _____

Age : _____ Birth Date : ____/____/____

Nationality : _____ Civil ID : _____

Mobile Number: _____ Home Number: _____

Closest relative : _____ Name: _____ Number : _____

Address in Full: _____

Current Grade : KYU ____ DAN ____ Style _____

Date of grading : _____ From _____

Please attach a copy of your certificate if you have any.

Please attach a copy of your passport.

By signing below, I have agreed that I will have no claim against JKA Kuwait or the Club or its staff instructors for any personal injuries I may suffer or accidentally happen.

And I recognize that (I) (or the player in my custody) do not complain or suffer from any disease or sickness. (Please write below if you have any sickness we should know about.

Also I do understand that NO MONEY REFUND.

Self/Parents Signature & name

Date and Register

JKA-KW Approval