



**TRANSAMERICAN ASSOCIATION OF SHITO-RYU
KARATE-DO
Application for Admission**

STUDENT INFORMATION

Student Full Name _____

Physical Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Gender: _____ Height: _____ Weight: _____

Has your child ever practiced martial art before? Yes: _____ No: _____

If yes, please provide the style name, rank, instructor's name, start and end date below.

Does your child have any health issues? Yes: _____ No: _____

If yes, please use the provided space to elaborate on the health issues.

SCHOOL INFORMATION

School Name: _____ Grade Level: _____

PARENTS/ LEGAL GUARDIAN INFORMATION

Full Name: _____ Relation: _____

Phone No: _____ H/W: _____

Email: _____

Parents/Legal Guardian's physical address if different from child's address.

Physical Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Note: **TASK** will keep this form on file for future reference. Please notify the staff of any changes to the above information any time after the admission.

EMERGENCY CONTACTS

1. Name: _____, Relationship: _____
Phone No: _____
2. Name: _____, Relationship: _____
Phone No: _____
3. Name: _____, Relationship: _____
Phone No: _____

ADMISSION PROCEDURE

1. The completed admission form along with rank (Kyu) certificates for previous practices (if any), and the admission fee (non-refundable) must be submitted to the Dojo coach.
2. Parents are informed of the materials needed for training such as uniform, and safety gears.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads enrollment, I understand that false or misleading information in my application or interview may result in my release.

Legal Guardian Full Name: _____ Relations: _____
Signature: _____ Date: _____

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Official Enrollment Date: _____ Rank: _____

If this is a reenrollment, please list the prior enrollment date and the reason for release

From: _____ To: _____

Reason for release: _____

Branch Dojo Name: _____ City: _____ State: _____

TASK DOJO COACH Printed Name: _____

Signature: _____ Date: _____

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**TRANSAMERICAN ASSOCIATION OF SHITO-RYU
KARATE-DO
Consent and Waiver**

I, Mr. /Mrs./Miss _____ a legal guardian of the student _____ hereby voluntarily agreed to the following terms and conditions concerning my participation in the activities that will take place in and outside the class premises of

1. I understand that my instructor may need to correct my body positions, stances, movements, punches, and kicks during the training sessions to meet the highest martial arts national standard. This may involve physical touch as part of the instruction process. This is acceptable to me. If I am uncomfortable with this, I will let the instructor know right away.
2. I allow myself to voluntarily participate in the activities of TASK if required. I understand that TASK may include participation in community services besides TASK lessons. Also, I am fully aware of the unfortunate risks and hazards involved in the acts of being involved in the activities.
3. I voluntarily accept all responsibilities for any losses or damages to property owned by myself/classrooms or personal injury that may be sustained by me and my child/children because of the engagement of my child/children in the activities.

In agreement and consideration of the above statements; I, hereby voluntarily release, waive, discharge, and agreed not to sue the Transamerican Association of Shito-Ryu Karate-Do. teacher, members, or volunteers (hereinafter "RELEASEES") from any, and all liabilities, claims, demands, actions, and causes of action whatsoever arising out of or related to any loses, damages, or injuries sustained by me, to any properties belonging to me, while participating in the TASK related activity(s). It is my express intent that this Release and Hold Harmless Agreement (hereinafter "**Agreement**") shall be surmised as a Release, Waiver, Discharge and agreed not to Sue the above-named Releases.

Student Full Name: _____

Legal Guardian Full Name: _____ Relations: _____

Signature: _____ Date: _____

TASK Witness (DOJO COACH) Printed Name: _____

Signature: _____ Date: _____

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**TRANSAMERICAN ASSOCIATION OF SHITO-RYU
KARATE-DO
Health Care Authorization**

I hereby authorize TASK and its voluntary members to perform any acts which may be necessary or proper to provide emergency health care to my child in the event of any injury, including consent and authorization of medical procedures by a qualified, licensed physician, dentist, hospital or other emergencies medical personnel, as they, in the exercise of their profession and in their sole discretion, may deem necessary. Further, I shall fully be responsible to bear all costs and expenses accruing from such medical treatment(s).

STUDENT INFORMATION

Health Insurance Company : _____ Policy Holder Name: _____

Policy/ Insurance card No: _____ Group No: _____

Medical History

If this section is not applicable for your child please circle: N/A

Allergies to Medications/ Seasonal: _____

Known Illness: _____

Daily Medications: _____

Other: _____

PHYSICIAN INFORMATION

Family Doctor/ Group Name: _____ Phone No: _____

Special Health Care Needs (If Any): In signing this agreement, I truly acknowledge and represent that I have carefully read and understood it; that I voluntarily and for full and adequate consideration, fully intending to be abiding by the same; and that I am at least eighteen (18 years) of age, fully conscious and competent and a legal guardian of the above child.

Legal Guardian Full Name: _____ Relations: _____

Signature: _____ Date: _____

TASK Witness (DOJO COACH) Printed Name: _____

Signature: _____ Date: _____

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**TRANSAMERICAN ASSOCIATION OF SHITO-RYU
KARATE-DO
Terms and Conditions**

Misuse of social media such as, Facebook, Twitter, Instagram, etc. as a tool to defame TASK or any organizations or any individuals or groups, will lead to disciplinary action which might revoke students per semester enrolment, suspension, or permanent expulsion from the TASK Also,

1. Need to pay a monthly fee to TASK as determined by TASK.
2. Non-payment of the fee will automatically lose the benefits.
3. Respect the decisions of the TASK Maintain confidentiality, privacy, internal decision/activity of TASK.
4. Individuals do not speak to news media or any other media unless authorized by the TASK.
5. **YES**, I fully agree to the terms and conditions. Print Initial: _____
6. **NO**, I won't agree with the terms and conditions, and I don't need the TASK for my child/children. Print Initial: _____

Legal Guardian Full Name: _____ Relations: _____

Signature: _____ Date: _____

TASK Witness (DOJO COACH) Printed Name: _____

Signature: _____ Date: _____

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**TRANSAMERICAN ASSOCIATION OF SHITO-RYU
KARATE-DO
Combined Consent Form for Photograph,
Video, and Transportation**

Transamerican Association of Shito-Ryu Karate-Do (TASK) is requesting permission to use photographs/videos taken /names of individual students and groups of students for TASK purposes in a variety of publications to promote TASK without payment or other consideration to me, in perpetuity. It also includes online reports, TASK website, modification of any photograph or video, brochures, flyers, posters, newspapers, magazines, television, social media like Twitter, messenger box and Facebook, email, and internet by TASK & legal news media for the events related/non-related to TASK. Please Print Initial:

Yes,_____ I give my consent for the publication of my child's photographs/videos/name, and waive my any right for legal action against TASK for negligence or otherwise.

No,_____ I do not give my consent for the publication of my child's photographs/videos/names.

TRANSPORTATION:

_____ will drop/pick my child to/from the class daily. In case of my absence, I permit the following friends/relativities. (Above 18) to drop/pick up/from the class.

4. Name: _____, Relationship: _____

Phone No: _____

5. Name: _____, Relationship: _____

Phone No: _____

6. Name: _____, Relationship: _____

Phone No: _____

Student Full Name: _____

Legal Guardian Full Name: _____ Relations: _____

Signature: _____ Date: _____

TASK Witness (DOJO COACH) Printed Name: _____

Signature: _____ Date: _____

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**TRANSAMERICAN ASSOCIATION OF SHITO-RYU
KARATE-DO
Child Travel Consent**

The students may have opportunities to participate in events like seminars, upgrades, and tournaments, that may require travel. So, the Transamerican Association of Shito-Ryu Karate-Do (TASK) needs your (Parent/Guardian) full legal consent to travel and release the child from all legal liabilities. The dojo coach will provide you with details regarding the events and destinations to travel to.

Yes,_____give my child consent to ride in a vehicle driven by a TASK Dojo coach, administrators, or event volunteer.

Yes,_____give my child consent to ride in a vehicle driven by a team member's parent or guardian.

Student Full Name: _____ Rank: _____

Legal Guardian Full Name: _____ Relations: _____

Signature: _____ Date: _____

TASK Witness (DOJO COACH) Printed Name: _____

Signature: _____ Date: _____

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Event Name: _____ Hosting Dojo: _____

Start Date: _____ End Date: _____

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