



ST. LUCIA BUSHIDO SHOTOKAN  
KARATE DO ACADEMY



CASTRIES, ST. LUCIA, WEST INDIES  
(Member: Shotokan Karate-Do International Federation – Japan)

The ultimate aim of the art of Karate lies neither in victory, nor defeat  
but in the perfection of the character of its participants

MEMBERSHIP APPLICATION



Name: .....

Address: .....

Telephone: .....Fax ..... Email.....

Date of Birth: .....Age..... Sex .....

Height: .....Weight .....Blood Group.....

*Tick that which applies to you*

Employed..... Unemployed ..... Student.....

Name of School/Employer .....

Telephone Number ..... Fax..... Other .....

If you have studied any aspect of oriental and/or martial arts before, please indicate.

Style/Form: ..... Grade: ..... Country .....

Name of person/Dojo/Organization: .....

Address: .....

Have you had any contagious disease or illness within the last three (3) years? Yes ( ) No ( )

To the best of your ability are you in any way challenged? Yes ( ) No ( ) Partial ( )

Explain.....

Have you been advised medically not to take part in any strenuous activity? Yes ( ) No ( )

Explain.....

If the applicant is under eighteen (18) years, the signature of a parent/guardian is required.

Name of parent/guardian: (Block letters) .....

Signature of parent/guardian: .....

Signature of applicant: .....

Proposer: ..... Date: .....

WHEN RETURNING THIS FORM, THE APPLICANT MUST SUBMIT A NON REFUNDABLE FEE OF THREE DOLLARS (\$3.00). DO NOT SUBMIT ANY OTHER FEES ALONG WITH THIS FORM. PLEASE WAIT FOR A RESPONSE FROM THE BUSHIDO ACADEMY ON YOUR APPLICATION.

NOTE: PLEASE READ AND FULLY UNDERSTAND THIS DECLARATION AND AGREEMENT BEFORE SIGNING.

**CONDITIONS**

I the undersigned, intending to be legally bound hereby and as a condition of membership in the St. Lucia Bushido Shotokan Karate Do Academy (hereafter referred to as the “Academy” hereby release from all liabilities, obligations causes of action and demands I or my Executors, Administrators, Heirs and Assignees may at any and all times hereafter have or obtain due to as result of any personal injuring of bodily harm sustained or suffered by me during, arising out of or as a result of any martial arts activity, physical or athletic activity or exercise conducted or carried on by or for the said Academy or occurring while I am on the premises occupied or used by the said Academy.

I further, intending to be legally bound and as a condition on my membership, do agree to indemnity and save harmless to said Academy. Its members, instructors and representatives. From any act committed or exercised or sport carried out, on by me or participated in the said Academy. I further release the Academy from any loss of valuables.

I sign this fully realizing that my participation or engagement in the activity of the Academy my subject me to strenuous physical activity, personal injury or bodily harm.

Therefore, in consideration of being permitted to participate in the said Academy, I assume the risk inherent in the said Academy’s activities.

I do hereby waive all civil claims or liabilities against aforesaid organization for injury or damage that I may sustain.

**DECLARATION**

I DECLARE THAT THE INFORMATION GIVEN IS TRUE AND CORRECT AND I HAVE NOT WITHHELD ANY INFORMATION, WHICH MIGHT REASONABLY BE CALCULATED ADVERSELY TO AFFECT CONSIDERATION OF APPLICATION. I ALSO DECLARE THAT IF I AM ACCEPTED AS A MEMBER OF THIS ACADEMY, I DO AGREE TO ABIDE BY THE FOLLOWING:

- 1. I WILL CONFORM TO THE EXISTING LAWS, RULES AND REGULATIONS GOVERNING THIS ACADEMY AND HEREAFTER, CHANGED, MODIFIED OR ADOPTED.
- 2. I WILL BE BOUND BY THE CONDITIONS SET FORTH ABOVE, WHICH I HAVE READ AND FULLY UNDERSTAND.

SIGNATURE: ..... DATE: .....

**FOR OFFICIAL USE ONLY**

APPROVED ( ) NOT APPROVED ( ) PENDING ( )

SIGNED: CHAIRMAN: .....  
INSTRUCTOR:.....  
DATE: .....  
BRANCH SECRETARY: .....