



Saskatchewan Karate Association

"The ultimate aim of the art of Karate lies in the perfection of the character of its participants."
- Gichin Funakoshi

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SKA MEMBERSHIP REGISTRATION

DATE: (Month/Day/Year): _____

FIRST NAME: _____ **LAST NAME:** _____

MAILING ADDRESS: _____
(Street)

(City/Town) (Province) (Postal Code)

TELEPHONE: _____ **BIRTH DATE:** _____
(Residence) (Business) (Month/Day/Year)

SEX: _____ **DOJO:** _____ **STYLE:** _____
(M/F)

PRESENT KYU/DAN RANK: _____ **BELT COLOR:** _____ **LAST GRADING:** _____

MEMBERSHIP: First Year _____ Renewal _____ (check one that applies to you)

CLASSIFICATION: Recreational _____ Competitive _____ Elite _____ Masters _____

INSTRUCTOR: _____ **REGISTERED WITH KIDSPORT:** _____ (Y/N)

WHICH NATIONAL BODY ARE YOU A MEMBER OF:

CTKF _____ NTKF _____ Other _____ (please indicate)

ABORIGINAL VOLUNTARY SELF DECLARATION – Please check one most applicable to your ancestry:

Status/Treaty: _____ Non-Status: _____ Métis: _____ Other Under-Represented Population: _____

MEMBER CONSENT: I CONSENT _____ **DO NOT CONSENT** _____

To use of personal information, including my name, age & karate event photos to be used by the S K A and affiliated clubs for the following purposes: newsletters, media results/articles and SKA /club website.

* SKA Privacy Policy can be viewed on our website at: www.saskarate.com

* Please ensure you have checked the above member consent.

Have you ever been convicted of a criminal offense involving violence? (Y/N) _____

SIGNATURE: _____ **INSTRUCTOR:** _____
Certified Correct

Updated: June 2014