



Membership Application Form

I, the undersigned, hereby apply for membership of the Shitoryu Karate Association(SKA). If elected, I agree to abide by the Rules & Regulations of SKA.

I solemnly affirm that, except as a means of self-defence and succor of the defenceless, I will never abuse the knowledge and training I shall acquire through SKA for any offensive and / or aggressive purposes whatsoever. I fully understand that the Committee may suspend me from further training without assigning any reason whatsoever.

Name: X		NRIC/Passport No: X		Membership No: X
Date of Birth: DD/MM/YYYY	Age: X	Gender: X	Nationality: X	Race: X
Residential Address: X				
Email Address: X			Contact Number: X	
Disclaimer & Indemnity SKA, its servants and agents, will not be held responsible for any claims arising out of any death, injury, damage or loss, suffered or caused while attending training, seminars and other SKA activities. This includes all costs and expenses incurred as a result of such claims. X _____ X _____ Name & Signature Date				
Parents / Guardian Consent for Participants Below 16 Years of Age I (consent/ do not consent) to the above named, who is my (child / ward) to join SKA. I hereby release SKA and its agents from all liabilities that may arise in connection therein. Parental / Guardian Name: (All capital) Parental / Guardian Contact Number(s) X _____ X _____ X _____ X _____ Parental / Guardian Signature Date				
For Official Use:				
Cheque No:	Receipt No:	Payment by: Cheque / Cash / Pay Now	Total amount:	Date:

Note

- i. There will be no refund of the entrance fee and the first month's subscription.
- ii. Incomplete forms will not be accepted
- iii. All cheques must be crossed and made payable to "Shitoryu Karate Association".
- iv. Payment Via PayNow, please use SKA UEN: S64SS0051H, "Shitoryu Karate Assn:."