



JAPAN KARATE MARUYOSHIKAI ORGANIZATION

Official Student Admission & Enrollment Form

1. Student Personal Details

Full Name : _____

Date of Birth (DD/MM/YYYY): _____

Age: _____

Gender: _____

Height (cm): _____

Weight (kg): _____

Current Occupation/School/Grade: _____

Residential Address: _____

Contact Number: _____

Email Address: _____

2. Parent / Guardian & Emergency Information

Primary Guardian Name: _____

Relationship to Student: _____

Guardian Contact Number: _____

Emergency Contact Person: _____

Emergency Contact Phone: _____

Relationship: _____

2. Medical & Physical Profile

Please disclose any pre-existing medical conditions, allergies, injuries, or medications that may affect physical training.

Specific Medical Condition(s): _____

Allergies: _____

List of Current Medications: _____

Previous Karate/Martial Arts Experience: _____

Highest Grade/Belt Achieved: _____

4. Declaration, Waiver, and Release

I, the undersigned, hereby acknowledge and understand that Karate training involves significant physical activity that inherently carries a risk of injury. I agree to indemnify, defend, and hold harmless Japan Karate Maruyoshikai Organization, its instructors, and authorized personnel from any and all claims, liabilities, or expenses arising out of my (or my ward's) participation in this training program. I certify that the information provided in this form is accurate and complete.

Student signature : _____

Parent signature : _____

Date : _____