



The International Federation of Karate Kyokushinkai Australia Inc.

SENIOR GRADING APPLICATION

1st Grading - \$70

2nd and subsequent grading - \$50

Belt - \$15

Cash

Bank BSB 032 067 • Acct: 237842

Cheque to IFKKA Inc

Total :

All black belt applicants must pay the cost of the certificate prior to, or at the time of, the grading. All Black Belt candidates must also submit a medical clearance certificate a week before the grading. The IFK Black Belt application form, (obtainable from your instructor) together with two photographs, with full name and country written on the back of the photographs, should have been submitted to the Grading Committee at least six (6) months prior to the grading.

Click here to select a passport style portrait photograph to insert, or paste a photo into this space

(H:W ratio 4:3)

DECLARATION

I, the undersigned, hereby make application to be tested for a grade in Kyokushin Karate and, should my application be successful, I agree to abide by the rules of such grading. Further in consideration of my acceptance to participate in the said grading, for myself, my heirs, executive and administrators, I hereby waive any claims, rights of cause or action which I might have arising out of any damage, loss or injury of any description whatsoever which I may suffer or sustain in the course of or consequence upon my entry in the said grading. This waiver, release and discharge shall operate separately in favour of all persons, other participants, and all bodies.

CANDIDATE'S DETAILS

FAMILY NAME :

GIVEN NAME :

ADDRESS :

POSTCODE :

PHONE (WORK) : HOME :

EMAIL :

This is optional. If the applicant is 14 and under, parent's or legal guardian's email is preferred.

GENDER : MALE

FEMALE

AGE :

DATE OF BIRTH : dd mm yyyy

CURRENT GRADE :

IFK MEMBER No. :

INSTRUCTOR :

DOJO :

SIGNATURES

SIGNATURE OF APPLICANT AND DECLARATION OF PARENT'S or LEGAL GUARDIAN'S CONSENT IN RESPECT OF PERSONS UNDER THE AGE OF 18 YEARS.

I consent to the declaration and participation.

Applicant's or Guardian's Signature : Date : / /
dd mm yyyy

IF PARENT or LEGAL GUARDIAN'S SIGNATURE IS PROVIDED, PLEASE PRINT YOUR NAME and INDICATE RELATIONSHIP TO APPLICANT.

NAME: RELATIONSHIP: Date : / /

The information you are providing in this entry form is being collected and will be used only for the purpose of your registration with the International Federation of Karate and the International Federation of Karate Kyokushinkai Australia Inc. (IFKKA Inc) It will only be disclosed to the executives of these organisations and their affiliated insurance company/companies if necessary. The IFKKA Inc. is subject to the National Privacy Principles in the Federal Privacy Act 1988. Should you choose not to provide any of the non-optional information requested in this membership form, the IFKKA will consider your application null and void.