



INTERNATIONAL SHOTOKAN KARATE FEDERATION
SOUTHWEST REGION SUMMER KARATE CAMP
DAN EXAMINATION JULY 14, 2019, 11:00 AM – 1:00 PM
Multipurpose Room, 12448 Braddock Drive, Los Angeles, CA 90066
Exam Registration Deadline is June 22, 2019 (All fees non-refundable)

ISKF DAN EXAMINEE REGISTRATION FORM
July 14, 2019, 11:00 AM – 1:00 PM

Name: _____ Age: _____

Dan Rank: _____ When Received: _____

Address: _____
STREET CITY STATE ZIP

Phone Number: _____ Email: _____

Instructor Name: _____ Dojo Name: _____

Instructor Signature: _____

Dan Examination (mark the rank you will be testing for)

Register by June 22nd

- | | | |
|--------------------|--------------------------|-------|
| Shodan Examination | <input type="checkbox"/> | \$90 |
| Nidan Examination | <input type="checkbox"/> | \$120 |
| Sandan Examination | <input type="checkbox"/> | \$165 |
| Yondan Examination | <input type="checkbox"/> | \$220 |
| ISKF Passport | <input type="checkbox"/> | \$75 |
| ISKF Membership | <input type="checkbox"/> | \$50 |

TOTAL AMOUNT DUE \$ _____

**** REGISTRATION DEADLINE IS JUNE 22, 2019. NO AT-DOOR REGISTRATION WILL BE ACCEPTED ****
ISKF PASSPORT & MEMBERSHIP REQUIRED TO TAKE EXAMINATION. All Dan examinees must wear gloves and mouthpieces for all sparring events.

Send forms & checks payable to: ISKF SANTA MONICA, 1218 5th Street, Santa Monica, CA 90401
Contact info@ISKFsantamonica.org or (310) 395-8545 for questions or credit card payment.

MISSION To preserve and spread traditional Japanese karate through exceptional instruction.



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ISKF DAN EXAMINEE REGISTRATION WAIVER

I, THE UNDERSIGNED, STATE:

I have been advised that my participation in the 2019 International Shotokan Karate Federation Southwest Region Summer Karate Camp Dan Examination (hereinafter "the Event") may expose me to a risk of serious personal injury including permanent disability and death. I am aware of this potential danger, and with full knowledge of this risk, voluntarily accept and assume the risk of injury by signing this RELEASE and by participating in these activities. Further, and in exchange for my participation in the Event, I, on behalf of myself and my successors, assigns, and heirs, release Community Karate Foundation, Inc. d/b/a ISKF Santa Monica, the International Shotokan Karate Federation, the International Shotokan Karate Federation Southwest Region, and any of their sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives from any and all liability from injury, damage or loss to person, persons or property based upon their negligence in connection with my participation in the Event. I further agree to indemnify and to hold harmless Community Karate Foundation, Inc. d/b/a ISKF Santa Monica, the International Shotokan Karate Federation, the International Shotokan Karate Federation Southwest Region, and any of their sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives from any and all claims made against them arising from participation in the Event. I fully understand that any medical treatment given at the Event will be of a first aid treatment type only, and it is my responsibility to consult with my primary care provider(s) regarding my medical condition before or after the Event. **I consent that any pictures and videos taken of me in connection with the Event can be used for publicity, promotion, exhibition, or publication on all media worldwide shown now or in the future, and I waive compensation in regard thereto.** All participants in the Event is by permission only. The Director or authorized agents reserve the right to refuse entry to any person, school, team or club. I have read this CONSENT and RELEASE, understand the meaning of its contents, and sign it voluntarily.

Examinee Name (Print)

Date

Examinee Signature

For MINOR Examinee:

I, _____, am the parent or legal guardian for _____. I have read the above CONSENT to my child's participation in the 2019 International Shotokan Karate Federation Southwest Region Summer Karate Camp Dan Examination, under the terms and conditions above. With my signature, I hereby release Community Karate Foundation, Inc. d/b/a ISKF Santa Monica, the International Shotokan Karate Federation, the International Shotokan Karate Federation Southwest Region, and any of their sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives of any and all liabilities. **I consent that any pictures and videos taken of my child in connection with the Event can be used for publicity, promotion, exhibition, or publication on all media worldwide shown now or in the future, and I waive compensation in regard thereto.**

Parent Name (Print)

Date

Parent Signature

EMERGENCY CONTACT:

Contact Name (Print)

Relation

Phone Number

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