INTERNATIONAL KARATE KOBUDO UNION



国際空手古武道連合



Traditional Okinawan & Japanese Warrior Arts

Dojo:	Application Type:
Instructor:	Lifetime:
Address:	Annual:
City/State/Zip:	
Phone:	
Student's Name:	Signature:
Address:	·····
City:	State: Zip Code:
DOB:/ Telephone	#:
E-mail Address:	
	old (copies of diploma for Brown\Black Belt required).
Rank/Grade: Style:	Date of Rank:
Instructor's Name:	Instructors' Rank:
	shes to overthrow the United States Government by any means such your membership cannot be accepted!!
Karate Kobudo Union. All statements cited above are pledge to obey all rules and regulations which have be	on for membership and training in those arts sponsored by the International true and correct to the best of my knowledge. Upon acceptance I sincerely been designed for the purpose of discipline and protection of myself and other is involved in the practice of any fighting art that requires my devotion and e.
agents, members and authorized guests from any an	tional Karate Kobudo Union, the school of Martial Arts, instructors, employees, d all claims for any and all injuries, accidents and/or losses I may receive s sponsored or instructed by this International Karate Kobudo Union and\or any
Student's Signature:	Parent/Guardian Signature:
OFFICE USE ONLY:	
Approved: Disapproved: _	Date://
Soke Joseph R. Ruiz, Founder of Internation	onal Karate Kobudo Union