

INTERNATIONAL KARATE ORGANIZATION

# KYOKUSHIN KI-KAN

## KARATE GRADING FROM:

(TO BE FILL IN BLOCK LETTER)

NAME IN FULL : .....

FATHERNAME : .....

ADDRESS: .....

.....

STATE: .....OCCUPATION:.....

AGE AND DATE OF BIRTH: .....SEX:.....

HEIGHT: .....WEIGHT:.....

PRESENT KYU: .....KYU-APPEARING FOR:.....

DATE OF JOINING .....LAST G. TEST APPEARED ON:.....

DOJO TRAINING IN: .....

I,THE ABOVE MENTIONED NAME AND ADRESS ,HEREBY APPEARING FOR THE GRADATION TEST HELD ON DATE.....DAY.....AT.....IN.....

ON MY OWN RISK, I WILL BE HELD MY OWN RESPONSIBILITY DUE TO NY INJURY DURING THE GRADING. ....

.....

YOURS FAITH FULLY

.....

PARENTS/GUADIAN SIGNATURE

.....

RELATION WITH APPLICANT .....

NOTE: APPLICANTS UNDER 18 YEARS MUST HAVE SIGNED AND CONSENT FOR THE GRADATION TEST.