



अखिल भारतीय युवा कराटे महासंघ

# All India Youth Karate Federation



Member of IKU International Karate Union

## Membership Form

UNIT/ASSOCIATION

NAME \_\_\_\_\_

PRESIDENT/SECRETARY NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

YEARS OF STUDY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

EDUCATION RECEIVED \_\_\_\_\_

RANK APPLIED IF ANY \_\_\_\_\_

RECOMMENDED BY \_\_\_\_\_

AFFILIATION/MEMBERSHIP TYPE \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE, FURTHER, I DO HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE TO ME AGAINST THE ALL INDIA YOUTH KARATE FEDERATION OR THEIR RESPECTIVE OFFICERS, AGENTS, REPRESENTATIVES, SUCCESSORS AND/OR ASSIGNS, FOR ANY AND ALL DAMAGES WHICH MAY BE SUSTAINED AND SUFFERED BY ME IN CONNECTION WITH MY FEDERATION WITH OR ENTRY IN THE MARTIAL ARTS ACTIVITIES ASSOCIATED WITH AIYKF. IN ADDITION, BY MY SIGNATURE, I CERTIFY I UNDERSTAND THAT SUBMISSION OF A COMPLETED APPLICATION AND THE APPROPRIATE.

SIGNATURE \_\_\_\_\_ FULL NAME \_\_\_\_\_

DATE \_\_\_\_\_ PLACE \_\_\_\_\_

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**FOR OFFICE USE ONLY:-**

AFFILIATION/MEMBERSHIP NO \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Details:

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