



TKA

Tournament Karate Association

Student Registration

Membership Fee: \$25.00



Student Name: _____

Parent or Legal Guardian Name: _____
(If under the age 18)

Mailing Address: _____
(Student, Parent, or Legal Guardian)

City: _____ State: _____ Zip: _____

Student Date of Birth: _____ Student Rank: _____

Student Phone: _____ Student Email: _____
(Include area code) (Student, Parent, or Legal Guardian)

Dojo Style / System Taught: _____

Dojo Phone: _____ Head Instructor: _____
(Include area code)

In completing and submitting this form for review, the applicant testifies to the accuracy of the information provided. If any of the provided information is inaccurate, forged, or falsified, the applicant acknowledges possible consequences including exclusion of membership. This organization and associated schools operate on the principles of camaraderie, community, fellowship, and karate ethics. We require that all joining members and schools act accordingly and conduct themselves in an acceptable manner for the benefit of all.

Student Signature: _____ Date: _____
(Parent or Legal Guardian for students under 18yrs)