



# Tournament Karate Association Student Membership



## Student Information

New:  Renewal:  \_\_\_\_\_ TKA#

Name: _____	DOB: _____	M <input type="checkbox"/>	F <input type="checkbox"/>
Address: _____	State: _____	Zip: _____	Rank: _____
Phone: ( ____ ) _____	Email: _____		
Dojo: _____	Sensei: _____		

## Parent/Legal Guardian Information (if student is under the age of 18)

Name: _____	Check here if Student lives in same household: <input type="checkbox"/>
Address: _____	State: _____ Zip: _____
Phone: ( ____ ) _____	Email: _____

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.

Parent\Legal Guardian\Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_