



ALASKA SHOTOKAN KARATE
International Shotokan Karate Federation - Alaska Region, Inc.

ISKF PAYMENT	
Date:	_____
Check #:	_____
Amount: \$	_____
Initials:	_____

Sep 2024-Aug 2025 APPLICATION FOR MEMBERSHIP

\$55 annual membership fee payable to ISKF-Alaska (all ranks)

Make checks payable to ISKF-Alaska. Return form with payment to your instructor; then the instructor will mail to Susan Jones ISKF-AK, Box 240264, Anchorage, AK 99524

Name _____ Rank _____ Gender (M/F) _____ Age _____ Birth date ___/___/___

Address _____ City _____ AK ZIP _____

Home Phone _____ Cell Phone _____ Email: _____

Do you have any physical handicaps or limitations that your instructor should know? No Yes (*if yes, please describe on the bottom of this page or explain to your instructor.*)

In case of emergency, call (name) _____ cell phone _____

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At which Alaska Shotokan Karate Club are you currently training? _____

Your instructor's name _____

_____ **Initial here to grant permission for your or your child's picture to be taken for the purpose of general media or press releases for ISKF-Alaska. Place an "X" if you do not grant permission.**

RELEASE INDEMNITY

I, intending to be legally bound hereby and as a condition of membership in Alaska Shotokan Karate Club (herein referred to as ASKC, and also refers to the Alaska Region of the International Shotokan Karate Federation and ISKF) do hereby release said ASKC, the members, instructors, and representatives thereof, from any and all claims, liabilities, obligations, causes of action or demands that I or my administrators, executors, heirs or assigns may at any and all times hereafter have or obtain, due to or as a result of, any personal injury or bodily harm, sustained or suffered by me during, arising out of or as a result of any karate activity, physical or athletic activity, or physical instruction or sport conducted or carried on by or for said ASKC, either by itself or with others, or occurring while I am on any premises of property occupied or used by said ASKC.

I further, intending to be legally bound hereby and as a condition of my membership do agree to indemnity and save harmless ASKC, its members, instructors, and representatives, from any act committed or omitted by me during or arising out of or as a result of any activity or exercise or sport carried or participated in by said ASKC, by itself or with others, or occurring on any premises of property or used by said ASKC.

I further release said ASKC, its members, instructors and representatives from all claims of liability for any property or valuables lost, mislaid or stolen.

I sign this fully realizing that karate is a martial art and my participation or engagement in the activities of said ASKC may subject me to personal injury or bodily harm. I further have read the foregoing and fully understand the contents of this release indemnity.

Signature _____ Date _____

For students under 18 years of age, a parent or legal guardian must sign the approval statement below.

Printed Name: _____

Please describe below any physical limitations that you would like your instructor to know about: