ALAN THILAK SHITORYU KARATE SCHOOL™ (C)

STUDENT REGISTRATION FORM

alanthilak.com · +91 94430 77768 · Est. 1980

Instructions: Complete this form in BLOCK LETTERS. Have it signed by your Senior Instructor and Chief Instructor before submission.

1. PERSONAL DETAILS

Full Name _____ **Date of Birth** _____

Phone Number _____ **Email Address** _____

Address _____

City _____ **State** _____ **PIN Code** _____

Parent / Guardian's Name _____ **Relationship** _____

Parent Phone _____ **Parent Email** _____

2. KARATE DETAILS

Current Belt Grade _____ **Years Training** _____ **Previous School (if any)** _____

Dojo Name _____ **Dojo City** _____

Karate Style _____ **Joined Dojo On (Date)** _____

3. REPORTING HIERARCHY

Instructor Name (Sempai) _____ **Senior Instructor Name (Sensei)** _____

Chief Instructor Name (Renshi) _____ **Chief Instructor Region** _____

4. APPLICANT DECLARATION

I declare that the information provided above is true and correct. I agree to abide by the rules and code of conduct of Alan Thilak Shitoryu Karate School International.

Date _____ **Applicant Signature** _____

5. SENIOR INSTRUCTOR RECOMMENDATION (SENSEI)

SENIOR INSTRUCTOR (SENSEI)

Senior Instructor Full Name _____ **Designation / Title** _____

Recommendation — I have verified the above applicant and recommend them for membership:

Date _____ **Signature** _____

6. CHIEF INSTRUCTOR RECOMMENDATION (RENSHI)

CHIEF INSTRUCTOR (RENSHI)

Chief Instructor Full Name _____ **Designation / Title** _____

Recommendation — I endorse this application and will register the details in the school database:

Date _____ **Signature** _____

7. FOR HQ USE ONLY

ID Issued _____ **Date Issued** _____ **Issued By** _____