



Mid-America ISKF



Shodan & Nidan Exam REGISTRATION FORM

First Name	Last Name	Current Rank	Club Affiliation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Exam	Cost	Amount Paid
Shodan(Exam & Registration)	\$190.00	<input type="text"/>
Nidan (Exam & Registration)	\$240.00	<input type="text"/>
Re-Exam (Ask HQ for Exam Fee)		<input type="text"/>
I.S.K.F. Dues	\$ 50.00	<input type="text"/>
Total Enclosed:		<input type="text"/>

ISKF Card Number	Expiration Date	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>
Start Date	Date of Last Exam	Testing Kata
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of This Exam	Location of This Exam	
<input type="text"/>	<input type="text"/>	

*** Instructors Approval Signature ***

➔ This form must be received one week prior to the exam.

Please make checks payable to: **Mid-America Karate, Inc.**

Payment submitted:

- Check # _____
 Cash
 Paypal
 Grant Fund
 Payment will be made at the door
 ISKF Passport (\$60)
(Required for 1 Kyu & above)

Please send forms to:
 kweber@MidAmericaISKF.com
 OR
 1020 Nottingham Dr. Cincinnati, OH 45255

Release Form

The undersigned, in consideration of being permitted to participate in Shotokan Karate training, competition and/or testing, hereby waives and releases the International Shotokan Karate Federation and its successors, Mid-America Karate, Inc., its members, instructors, affiliates and facility providers from any liabilities for damages due to the loss or damage to property, personal injury or death which may occur at such facility for said purpose. The undersigned represents that he/she is fully aware of the risks of such participation, has no health conditions presenting any increased risk and has adequate insurance coverage in force to cover any such loss or damage. This release is binding upon the undersigned and his/her heirs, executors and administrators.

(Please Do Not Detach)

Signature of participant or parent/guardian for under 18

Date

INTERNATIONAL SHOTOKAN KARATE FEDERATION EXAMINATION FORM

Last Name:	First Name:	Age	Present Rank	Start Date
Dojo or School	ISKF Card Number	Date of Exam	Place of Exam	
Registration Fee	Examination Fee	Membership fee		
Kihon	Kata	Kumite	Other	Results
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Remarks: