



Mid-America ISKF

Kyu / Dan Pre-Test 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	ISKF Card Number
Kyu Exam	\$35.00	<input type="text"/>	<input type="text"/>
I.S.K.F. Dues	\$50.00	<input type="text"/>	Expiration Date
Other:	<input type="text"/>	<input type="text"/>	Age
Total Enclosed:		<input type="text"/>	Start Date
<input type="text"/>		<input type="text"/>	Date of Last Exam
<input type="text"/>		<input type="text"/>	Testing Kata
<input type="text"/>		<input type="text"/>	Location of This Exam
<input type="text"/>		<input type="text"/>	<input type="text"/>

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

*** Instructors Approval Signature ***

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

- ☐ Placement Test (Transferring from another organization) ☐ Dan Pre-Test (No Fee)
☐ ISKF Passport - \$65 (Required for 1 Kyu & above)

Payment submitted:

- ☐ Check # ☐ Cash ☐ Paypal

Please send forms to:
LGraham@MidAmericaISKF.com
or
3303 Whispering Woods Dr. Amelia, OH 45102

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 Detatch)

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:

Updated: 04/2025