



# Association Canadienne de Karaté Canadian Karate Association

## Application for individual members

Name: \_\_\_\_\_ Sexe: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Instructor/Dojo: \_\_\_\_\_

The fees are of 20\$ for colored belts per year and 100\$ for black belts for a lifetime membership. The payment must be made at the attention of the "Canadian karate association". **35,00\$ fees will be charged for all none funded or refused checks.** No refunds will be made.

Belt certification dates:

8 <sup>e</sup> Kyu _____	4 <sup>e</sup> Kyu _____	Shodan _____
7 <sup>e</sup> Kyu _____	3 <sup>e</sup> Kyu _____	Nidan _____
6 <sup>e</sup> Kyu _____	2 <sup>e</sup> Kyu _____	Sandan _____
5 <sup>e</sup> Kyu _____	1 <sup>e</sup> Kyu _____	Yodan _____
		Godan _____
		Others: _____

If any other certifications please mention below

\_\_\_\_\_  
\_\_\_\_\_

Medical Information							
1	SENSES DISORDER :	Yes	No	5	MUSCLES AND SKELETAL DISORDER	Yes	No
A	Do you suffer of any visual disorder?			A	Do you have any movement limitation from one of your Limes, back or spinal cord?		
B	Do you wear glasses?			B	Do you suffer of any muscle weaknesses?		
C	Do you wear contact lenses?			<b>6 SYSTEME DISORDER:</b>			
D	Do you have any earrings problems?			A	Do you suffer of diabetes?		
<b>2 NERV SYSTEM DISORDER:</b>				<b>7 SKIN DISORDER:</b>			
A	Do you have any fainting problems?			A	Do you suffer of any contagious skin disorder?		
B	Do you suffer of epilepsy?			<b>8 CARDIO VASCULAR DISORDER:</b>			
C	Did you ever have a cranial trauma?			A	Do you suffer of any cardiac or vascular disorder?		
D	Do you suffer of any cervical or neurological disorder or other then mentioned above?			<b>9 OTHER CONDITIONS:</b>			
<b>3 BREATHING DISORDER:</b>				A	Do you take any medication?		
A	Do you suffer of asthma or any other breathing disorders?			B	Have you received any surgical interventions lately?		
<b>4 KIDNEY DISORDER:</b>				C	Do you suffer of any illness or infection of those mentioned above?		
A	Did you suffer or are suffering of any kidney disorder?						

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Instructor Signature

\_\_\_\_\_  
Date