

Date



The Canadian Ryukyu Kobudo Kobujutsu Association

(please print clearly)

Name:

Last name

First Name

Street:

City:

Province:

Phone: []

E-mail:

Dojo Affiliation:

Kobujutsu Rank:

Instructor's Name:

Other Martial Arts Experience:

Please Indicate the Dates of Your Gradings

5th Kyu (Yellow)

Month Day Year

4th Kyu (Orange)

Month Day Year

3rd Kyu (Green)

Month Day Year

2nd Kyu (Blue)

Month Day Year

1st Kyu (Brown)

Month Day Year

Shodan

Month Day Year

Nidan

Month Day Year

Sandan

Month Day Year

Yondan

Month Day Year

Rank and Dates Yondan and Up

By signing this form you are declaring that you are unaware of any pre-existing health condition that would prevent you from safely participating in Ryukyu Kobujutsu. The Canadian Ryukyu Kobujutsu Association (CRKA), its officers, and its members do not assume any responsibility or liability for any injuries or losses that you may incur as a result of training. Nor can the CRKA, its officers, and its members assume any third party liability arising from any legal actions as a result of the martial arts training you receive. As a condition of your membership in the Association, you hereby waive and release the CRKKA, its officers and members to the full extent permitted by law from any and all claims related to the study of Ryukyu Kobujutsu.

Signature of Applicant or (guardian if under 19 years old)

Date