BELT TESTING PREPARATION CLASSES

Be prepared! Semi-private lessons specially focused on belt promotion requirements. The following Fridays and Saturdays prior to testing will be at KACHI Hombu Dojo, 760 Halekauwila Street, Honolulu, HI 96813. Fridays are reserved for solid orange and higher belts. Saturdays are for white, yellow with white, yellow and orange with white belts. Cost of each class is \$15. Please make checks payable to Kachi Karate.

| Student's Name | | Phone #: | Rank: | | |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|-------------------------|--|--|
| Please check each class you would like to participate in and attach payment to the form. I am signing up for these classes: | | | | | |
| Solid orange and higher belts only | | | | | |
| FRI, 11/7/2014 7:15 PM | FRI, 11/14/2014 7:15 PM | FRI, 11/21/2014 7:15 PM | FRI, 12/5/2014 7:15 PM | | |
| White, yellow with white, yellow and orange with white belts only | | | | | |
| SAT, 11/8/2014 6:00 PM | SAT, 11/ 15/2014 6:00 PM | | SAT, 12/6/ 2014 6:00 PM | | |

IF YOU ARE UNDER 18 YEARS OLD THIS FORM MUST BE SIGNED BY PARENT OR GUARDIAN.

I, the undersigned, do hereby submit my application form with intent to train karate. I, the undersigned do hereby understand that physical contact between students, between students and instructors and rigorous exercises are involved in karate training. I, the undersigned, do hereby fully agree with my full liability for all damages, injuries (including death), or losses that I may sustain or incur while participating in karate and all events organized by Kachi Karate LLC. I, the undersigned, do hereby waive all claims against Robert Koncal, Kachi Karate Hawaii, Kachi Karate LLC and its instructors, employees, representatives, or volunteers from any injury (including death) resulting from any cause that I may sustain. I fully understand that any medical treatment given to me will be of a first-aid nature only.

| Signature of student | Date | | |
|-----------------------------|------|--|--|
| | | | |
| Parent / Guardian signature | Date | | |

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