

UKA MEMBERSHIP APPLICATION



For UKA use only:

DATE RECEIVED

Please make check for \$20 per person payable to United Karate Alliance.*

Please Print Clearly!

Return forms to:

UKA/Steve Sutton
1505 Hibernation Hollow
Wentzville, MO 63385

***\$5 OFF MEMBERSHIP FEE IF PAID BY MARCH 18th**

Member Name: _____ | Date of Birth: _____

(month) (date) (year)

Street Address: _____

(city) (state) (zip)

Telephone Number: _____ | e-mail Address: _____

Style: _____ | Rank: _____

Martial Arts School (Name and Address): _____

(city) (state) (zip)

Instructor Name _____

In consideration for my acceptance into the United Karate Alliance (UKA), I agree to a code of conduct. I will at all times conduct myself in a courteous and professional manner and abide by the rules of the UKA. My failure to do this may result in the termination of my membership and loss of ratings points accumulated.

I hereby submit my application for participation in the United Karate Alliance (UKA) and related events. In consideration for my participation, I hereby release and forever hold harmless the UKA, officers and appointed officials, directors/promoters, and/or their heirs or assigns. I waive all claims for accidents, injuries or death that may occur as a result of my voluntary participation in this organization and related events. I realize the risks involved in participating in sport karate, and assume them voluntarily.

Member Signature _____ | Date _____

Parent or Guardian (if Minor) _____ | Date _____