

WADO-RYU KARATE-DO ACADEMY

DAN GRADE REGISTRATION FORM

DAN
DATE

®

This form **MUST** be completed in **BLOCK CAPITALS**

Please print your name how you wish it to appear on your Dan grade certificate

TITLE Mr. / Mrs. / Miss. / Ms. / Other	SURNAME
FORENAMES	
ACADEMY MEMBERSHIP No.	EXPIRY DATE
ADDRESS	
POSTCODE	
COUNTRY	
TELEPHONE No. (s)	
DATE OF BIRTH	DATE OF STARTING KARATE
NAME OF CLUB	NAME OF ASSOCIATION
NAME AND GRADE OF YOUR INSTRUCTOR	
DATE OF LAST GRADUATION	

PLEDGE

I undertake to abide by the spirit and rules laid down by the Wado-Ryu Karate-Do Academy and understand that all decisions made by the Academy's Chief Instructor are final. I will Never disgrace Wado-Ryu Karate-Do in word or deed. I also understand that my Wado-Ryu Karate-Do Dan Grade Certificate(s) remain the property of the Academy. I agree that if I break this pledge I will have to return all my Wado-Ryu Karate-Do Dan Grade Certificate(s), without dissension or complaint, and my name will be removed from all Wado-Ryu Karate-Do grading lists. I certify that, to the best of my Knowledge and belief, the foregoing details are correct and I agree to abide by this Pledge.

SIGNATURE DATE

WITNESS DATE

FOR OFFICIAL USE ONLY	
FEE RECEIVED	DATE
CHIEF INSTRUCTORS SIGNATURE	DATE
DAN GRADE CERT. No. ISSUED	DATE