

# SA JKA KARATE ASSOCIATION

## Grading Costs 2014 – From 1<sup>st</sup> April 2014

### National Gradings

<i>GRADING</i>	<i>GRADING FEE/DEV FEE</i>	<i>JAPAN CERTIFICATE FEE</i>
Shodan	R350.00/R175.00	* R1,200.00
Nidan	R480.00/R240.00	* R1,500.00
Sandan	R500.00/R250.00	* R1,950.00
Yondan	R700.00/R350.00	* R2,750.00
Godan	R900.00/R450.00	* R5,750.00

- **PLEASE NOTE THAT THE JAPAN CERTIFICATE FEES ARE SUBJECT TO THE R/\$ EXCHANGE RATE (amounts are indicated with a \*)**
- **PLEASE NOTE THAT ALL FEES ARE PAYABLE IN CASH ONLY IN SEPARATE AMOUNTS. (ie. GRADING AND CERTIFICATE FEES SEPARATE.)**
- **EXACT AMOUNTS PLEASE - NO CHANGE WILL BE GIVEN.**
- **IF PREVIOUS CERTIFICATE/S HAVE NOT YET BEEN APPLIED FOR, THEY MUST BE APPLIED AND PAID FOR AT THE SAME TIME.**
- **A SEPARATE JAPANESE APPLICATION FORM MUST BE COMPLETED FOR EACH DAN CERTIFICATE APPLIED FOR.**
- **PRE-GRADING COURSE FEE R200.00**
- **SOUTH AFRICAN JUDGING COURSE & QUALIFICATION FEE R200.00**
- **INTERNATIONAL QUALIFICATIONS (FROM 1 NOV 2014)**
  - **INSTRUCTOR D           R900.00**
  - **EXAMINER               R1 800.00**
  - **JUDGE D                 R900.00**
- **See SAJKA website – [www.karate.co.za](http://www.karate.co.za) (Found under “About Karate”)**

# 段位審査用紙

## EXAMINER'S RECORD

(太枠内のみ記入のこと)

提出・Date 年 月 日

氏名 Name (ふりがな)	性別 Sex 男 Male 女 Female	審査日 Date of Examination 年 月 日
	年齢 Age 満 才	誕生日 Date of Birth 年 月 日生
支部・団体名 Karate Organization	会員登録番号	身長 Height cm 体重 Weight kg
本籍 Nationality		
現住所 Present Address	Tel( )	
勤務先 又は学校名 Place of Employment	名称 Name of Employer 所在地 Address of Employer	Tel( )
最終学歴 Last Schoolor		
道歴保証人 Reference	氏名 Name 住所 Address	本人との関係 Relationship Tel( )

### 採点表

希望段 Rank Being Tested for	基本	形	組手	応用技 研究 その他	総合	決定
現段(級)位 級 段 Present Rank Kyu Dan						審査長印
取得年 月 日 Date of Conferral	A					
段級証書No. Dan Kyu Registration	B					合格 不合格 再審査
修業年月 Number of Months and Years in Karate Training 年 月 Years Months						保留
現取得資格 Present Qualifications	備考					
指導 Instructor 級 Kyu	受験料					登録料
審査 Examiner 級 Kyu						
審判 Judge 級 Kyu						

### 受験票

希望段 Rank Being Tested for	AUTHORIZATION TO TAKE EXAMINATION				額収印	受験料	登録料
段 Dan	氏名 Name	団体 Karate Organization	No.	審査日 Date of Examination		年 月 日	

- ① 段位証書を受け取るときは必ずこの票を提出して下さい。
- ② 不合格のときはこの票と引替えに段位登録料を払戻します。
- ③ ①及び②のときは3ヶ月以内に事務所に提出して下さい。

Sign this slip and hand it in within three months to receive "dan" certificate or, in case of failure, to receive refund of registration fee.

# SOUTH AFRICAN JKA KARATE ASSOCIATION



日本空手協会

## DAN GRADING FORM **GF2013**

Application to attempt the  Grading

**Date of Grading:**..... Surname:.....

First Names:..... Date of Birth: .....

Age on day of grading: ..... Years ..... Months .....

Postal Address: .....

Tel. ....(h) .....(w) .....(c)

Dojo: ..... Area: .....

E-mail address: .....

Dojo to where certificate must be sent:.....

Nationality:..... Present Grade: ..... Date Graded: .....

Is this the first time you are attempting this grading? YES..... NO

If not, how many times before have you entered this grading? Number: .....

If you have attempted this grading before, please give date of last attempt: .....

How long have you been practising karate?..... Years ..... Months

Date Started: .....

Please complete the following information in respect of your previous gradings:

Grade	Date	Jap. Reg. No.	Grade	Date	Jap. Reg. No.
SHODAN			SANDAN		
NIDAN			YONDAN		

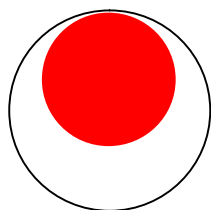
Candidates attempting Sandan and Yondan need Style Leader's permission to grade!

This examinee is a fully paid up member of the Association, has signed the Indemnity on the back hereof and has my permission to grade:	_____ AREA HEAD ( <i>Signature and name in full</i> )
<b>KIHON:</b>	<b>FINAL RESULT:</b>
<b>KATA:</b>	Pass - Graded to _____
<b>KUMITE:</b>	Not ready
<b>REMARKS:</b>	Regrade: Kata Kumite Kihon at
	Honbu Dojo or in Area in Months time.
	<b>REGRAIDING:</b> Date: _____
	<b>RESULT:</b>
<b>EXAMINERS</b>	Graded by ( <i>Name in full</i> ):
<b>SIGNATURE:</b>	Signature
Please attach details of any permanent medical ailment that may affect performance at the grading.	

# SOUTH AFRICAN JKA KARATE ASSOCIATION

Established 1963

AFFILIATED TO:



## Japan Karate Association

P.O. Box 37213, BIRNAM PARK 2015, SOUTH AFRICA

Tel: +2711-440-7787 ✧ Fax: +2711-440-0297

e-mail: [honbu@artec.co.za](mailto:honbu@artec.co.za)

### INDEMNITY AND CONSENT

I, the undersigned, in my capacity as father/mother/guardian/my personal capacity\*, do hereby indemnify and hold harmless the SOUTH AFRICAN JKA KARATE ASSOCIATION, the organisers or anyone else involved in any way with the event, from any death, injury, disability and all claims, causes of action, losses, damages, costs, expenses (including but not limited to attorney's fees), either known or unknown, now existing or arising in the future that I may have of whatever kind or nature, which I/my child mentioned below\* may suffer as a result of my/his/her\* participation in any SOUTH AFRICAN JKA KARATE ASSOCIATION event (tournament, grading, gasshuku's etc). I acknowledge that the participation by myself/the aforesaid child\* in any of the events is on my/his/her\* own free will and is at own risk. I further agree that any pictures taken of or by me/him/her\* in connection with the event can be used by the association for publicity or promotion without compensation to me/him/her\*.

(\*delete whichever is not applicable).

PRINT FULL NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PRINT FULL NAME OF KARATEKA: \_\_\_\_\_

To be assisted by Parent/Guardian if under the age of 21 years.

SIGNATURE OF PARENT/GUARDIAN/KARATEKA: \_\_\_\_\_

DATED at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

WITNESSES:

1. \_\_\_\_\_

2. \_\_\_\_\_