Mid-America ISKF
Regional Tournament
Registration Form

Name: _____ Club Affiliation: _____

Current Rank: _____ MA/ISKF# _____ Expiration Date: _____

Gender: _____ Age: _____ Email Address: _____

Individual Events:

Youth: Kata: ☐ Kumite: ☐   **Adult:** Kata: ☐ Kumite: ☐   **Senior:** Kata: ☐ Kumite: ☐

Team Events:

Youth Kata: ☐ Team Name: _____ **Adult Kata:** ☐ Team Name: _____
(Captain) _____   (Captain) _____
(Member #2) _____   (Member #2) _____
(Member #3) _____   (Member #3) _____

There will be two divisions for Team Kata: Adult and Youth. Team members must be from the same dojo or a near-by club. Team members may be mixed age/gender. However, if there is an adult on the team, that team will compete in the adult division. If a team member is not competing individually, the cost for team kata is $10.00.

Registration Fees	Cost	Total Paid
Youth (1 Event)	$20.00	
Youth (2 Events)	$30.00	
Adult / Senior (1 Event)	$25.00	
Adult / Senior (2 Events)	$40.00	
Team Kata Only	$10.00	
ISKF Membership (If not current)	$50.00	
Total Enclosed		

Payment made by:

Check: ☐ $_____ # _____
Cash: ☐ $_____
PayPal: ☐ $_____
Grant Fund: ☐ $_____

Please Note:
-Pre-Registration is required.
-All competitors <u>must</u> have ISKF approved hand pads & a mouth piece to compete in kumite.

All Registration forms must be <u>received by</u> Regional Headquarters one week prior to the event.

INSTRUCTORS MUST SEND COMPLETED REGISTRATION FORMS AND PAYMENT TO:

Mid-America Karate • 1020 Nottingham Drive • Cincinnati, Ohio 45255
Email: kweber@MidAmericaISKF.com   Phone: 513-233-3656

Release Form

The undersigned, in consideration of being permitted to participate in Shotokan Karate training, competition, and/or testing, hereby waives and releases the International Shotokan Karate Federation and its successors, Mid-America Karate, Inc., its members, instructors, affiliates, and facility providers from any liability for damages due to the loss or damage to property, personal injury, or death which may occur at such facility for said purpose. The undersigned represents that he/she is fully aware of the risks of such participation, has no health conditions presenting any increased risk, and has adequate insurance coverage in force to cover any such loss or damage. This release is binding upon the undersigned and his/her heirs, executors and administrators.

_____   _____   _____   _____
Youth Participant(s)   Signature of Participant or   Print name of Parent/Guardian   Date
Date of Birth   Parent/Guardian for those 17 & younger