

Mid-America ISKF



Camp Registration Form

(Event)

Collegiate Student

Student must have a valid college identification card

Name:		Club Affiliation:		
College / University: Current Rank: Email Address:	MA/ISKF#		Expiration Date:	
All Pre-Registration forms mu Collegiate Student Registration		d by Regiona Total Paid	al Headquarters one week price	or to the even
3 Training Sessions	\$50.00			#
2 Training Sessions	\$40.00		Cash:	_
1 Training Session	\$25.00		PayPal: S S Scholarship: S S	-
ISKF Membership (If not current)	\$50.00		MAK Scholarship: \$	-
Other				
Sub-Total				
Other Deductions (Scholarship Fund)		-		
Total Enclosed				
Mid-America Kan Email: kweber@M	r ate, Inc.• 1020 IidAmericaISK	0 Nottingham F.com	RMS AND PAYMENT TO: Drive · Cincinnati, Ohio 45255 Phone: 513-233-3656 e see the camp flyer for detai	1.

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 (ISKF) 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. Additionally, Mid-America Karate, Inc. has my permission to use photographs and/or videos of myself in Mid-America Karate, Inc. and ISKF promotional material and on social media.

Date	Signature of Participant or Parent/Guardian for those 17 & younger