



Mid-America ISKF

MICHIGAN

SUMMER CAMP



Registration Form

Name: _____ Club Affiliation: _____

Age: _____ ISKF Card Number: _____ Expiration Date: _____

Current Rank: _____ Email Address: _____

Training Fees

Plan A: All inclusive - Includes Training Fees, Meals and Lodging.

Plan B: Includes all Training Fees and Meals - No Lodging.

Plan C: A-La-Carte Training(s) with Meal(s) - No Lodging. (pay per training)

Plan D: A-La-Carte Training(s) Only - No Meals or Lodging. (pay per training)

Please select your Training choice below

Individual Fees	Cost	Enclosed	Collegiate Students	Cost	Enclosed
Plan A:	\$432.00		Plan A:	\$372.00	
Plan B:	\$1: 7.00		Plan B:	\$; 0.00	
Plan C:	____ x \$50.00		Plan C:	____ x \$47.00	
Plan D:	____ x \$42.00		Plan D:	____ x \$22.00	
Instructor Training (if offered)	\$20.00		Instructor Training (if offered)	\$20.00	
ISKF Renewal	\$50.00		ISKF Renewal	\$50.00	
Total Camp fees			Total Camp fees		
Early Registration Discount*	- \$ 5.00 -		* ISKF Members Only		
Total Paid			If paying with PayPal please go to: www.paypal.me/MidAmericaKarate		

Payment Type: Cash Check # _____ PayPal \$ _____ Scholarship Fund \$ _____ Grant Fund \$ _____

Please send completed Registration/Release and Testing Forms with Payment to Regional Headquarters:

Mid-America Karate - 1020 Nottingham Drive - Cincinnati, Ohio 45255

Email: kweber@midamericaiskf.com

Phone: 513-233-3656

****All Pre-Registration and Testing Forms must be Received by Regional Headquarters One Week Prior to the Camp****

Release Agreement: 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 of 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.

Participants Date of Birth _____ Signature of Participant or Parent/Guardian if under 18 y.o. _____ Print Signers Name _____ Date _____