



Mid-America ISKF



Regional Training Registration Form

Collegiate Student

Name: _____ Club Affiliation: _____

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

Email Address (if you want to sign-up for Regional emails): _____

All Pre-Registration forms must be received by Regional Headquarters one week prior to the event.

Collegiate Registration	Cost	Total Paid
1 Training Session	\$20.00	
ISKF Membership (If not current)	\$50.00	
Sub-Total		
Other Deductions (Grant/Scholarship Fund)		-
Total Enclosed		

Payment made by:

Check:	<input type="checkbox"/>	\$ _____	# _____
Cash:	<input type="checkbox"/>	\$ _____	
PayPal:	<input type="checkbox"/>	\$ _____	
Grant Fund:	<input type="checkbox"/>	\$ _____	
Scholarship:	<input type="checkbox"/>	\$ _____	

SEND COMPLETED REGISTRATION FORMS AND PAYMENT TO:

Mid-America Karate, Inc. • 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.

Date

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