



Mid-America ISKF

Camp Registration Form



(Event)

Name: _____ Club Affiliation: _____

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

Email Address: _____

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

Individual Registration	Cost	Total Paid
3 Training Sessions	\$95.00	
2 Training Sessions	\$75.00	
1 Training Session	\$45.00	
Instructor Training (if offered)	\$20.00	
ISKF Membership (If not current)	\$50.00	
Sub-Total		
Early Registration* & Other Deductions		-
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"/>	\$ _____	
Early Reg.:	<input type="checkbox"/>	\$ -5.00	

* Available to current ISKF members only
Payment must be received with the Registration form to qualify

Additional Family Registration	Additional Person	Number of People	Total Cost
3 Training Sessions	\$55.00 ea.		
2 Training Sessions	\$40.00 ea.		
1 Training Session	\$25.00 ea.		
ISKF Membership (If not current)	\$50.00 ea.		
Total Family Members Fees Enclosed			
Total including Individual Registrant			

Additional Family Members

Name/Age:

Rank:

ISKF #

Name/Age:

Rank:

ISKF #

Name/Age:

Rank:

ISKF #

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

(Meals and Lodging are on your own. Please see the camp flyer for details)

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)
Date of Birth

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

Print name of Parent/Guardian

Date