



Mid-America ISKF



Collegiate Regional Tournament Registration Form

Name: _____ Club Affiliation: _____

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

Gender: _____ Age: _____ Email Address: _____

Individual Events:

Kata: Kumite:

Team Events:

Team Kata: Team Name: _____
(Captain) _____
(Member #2) _____
(Member #3) _____

*If a team member is not competing individually, the cost for that individual to compete in team kata is \$5.00.

Registration Fees	Cost	Total Paid
Collegiate (1 Event)	\$10.00	
Collegiate (2 Events)	\$20.00	
Team Kata Only	\$ 5.00	
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 must have ISKF approved hand pads & a mouth piece to compete in kumite.

All Registration forms must be received by 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.

Date

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