



Shotokan Karate of Anderson



Youth Shiai Registration Form

Name: _____ Club Affiliation: _____

Address: _____

Gender: _____ Age: _____ Rank: _____ Phone Number: _____

e-mail address: _____

Please check the event(s) in which you will be competing:

Individual Kata

Team Kata

Individual Kumite

Kata Team Members: 1

2

3

Individual Registration Fee: **\$10.00** (All competitors must pre-register for the shiai)

Team Kata Registration Fee: **\$ 9.00 (Per Team)**

Make check payable to: Shotokan Karate of Anderson, LLC

Mail check and registration form to: 1020 Nottingham Drive Cincinnati, Ohio 45255

All forms must be received by: February 7, 2018

RELEASE FORM

The undersigned, in consideration of being permitted to participate in the Anderson Karate Club Shiai (competition), hereby waives and releases Shotokan Karate of Anderson, LLC, International Shotokan Karate Federation and its successors, Mid-America Karate Association, its members, instructors, affiliates, and facility providers, namely the Anderson Hills Christian Church 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.

Signature of participant's parent/guardian

Date