



Mid-America ISKF

SUMMER CAMP

Registration Form



Name: _____ Club Affiliation: _____

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

Current Rank: _____ Email Address: _____

CAMP 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:	\$225.00		Plan A:	\$160.00	
Plan B:	\$190.00		Plan B:	\$95.00	
Plan C:	____ x \$60.00		Plan C:	____ x \$35.00	
Plan D:	____ x \$45.00		Plan D:	____ x \$25.00	
Instructor Training (if offered)	\$30.00		Instructor Training (if offered)	\$30.00	
ISKF Renewal	\$50.00		ISKF Renewal	\$50.00	
Total Camp fees			Total Camp fees		
Early Registration Discount *	- \$ 5.00 -		* ISKF Members Only		
Total Paid			Checks to: <u>Mid-America Karate, Inc.</u>		

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

Mid-America Karate
3303 Whispering Woods Drive
Amelia, Ohio 45102

Email: lgraham@MidAmericaISKF.com
Phone: 937-515-1062



Scan to pay with a
Credit Card or PayPal

Payment: Cash ☐ Check ☐ # _____ PayPal ☐ \$ _____ Club Scholarship ☐ \$ _____ MAK Scholarship ☐ \$ _____

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. In addition, Mid-America Karate, Inc. has my permission to use photographs and/or videos of myself in their promotional material and on social media

Participants Date of Birth _____ Signature of Participant or Parent/Guardian if under 18 y.o. _____ Print Signers Name _____ Date _____ 11/24