

Date

Mid-America ISKF



Camp Registration Form

Collegiate Student

Name:		Club Affiliation:	
College / University: ———			
Current Rank:	MA/ISKF#		Expiration Date:
Email Address:			
All Pre-Registration forms mus	st be received	l by Region	al Headquarters one week prior to the eve
Collegiate Student Registration	Cost	Total Paid	Payment made by:
3 Training Sessions	\$50.00		Check: □ \$ #
2 Training Sessions	\$40.00		
1 Training Session	\$25.00		
ISKF Membership (If not current)	\$50.00		
Other			
Sub-Total			
Other Deductions (Scholarship Fund)		-	
Total Enclosed			
	te, Inc. 3303	Whispering V	Voods Drive * Amelia, Ohio 45102 Phone: 937-515-1062
(Meals and Lodging	are on your	own. Pleas	e see the camp flyer for details)
d releases the International Shotokan Karate Fe d facility providers from any liability for dam cility for said purpose. The undersigned representing any increased risk, and has adequate	mitted to participat deration (ISKF) and ages due to the loss resents that he/she insurance coverage administrators. Add	I its successors, No. 1 its successors, No. 2 is fully aware of the inforce to cover in force to cover its fully, Mid-A	Larate training, competition, and/or testing, hereby waives fid-America Karate, Inc., its members, instructors, affiliates, roperty, personal injury, or death which may occur at such f the risks of such participation, has no health conditions er any such loss or damage. This release is binding upon merica Karate, Inc. has my permission to use photographs and on social media.