



# Mid-America ISKF

## Regional Tournament

### Registration Form

Name: \_\_\_\_\_ Club Affiliation: \_\_\_\_\_

Current Rank: \_\_\_\_\_ MA/ISKF# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### Individual Events:

*\*All competitors must have a current Mid-America ISKF membership*

Youth: Kata: <input type="checkbox"/> Kumite: <input type="checkbox"/>	Collegiate: Kata: <input type="checkbox"/> Kumite: <input type="checkbox"/>	Adult: Kata: <input type="checkbox"/> Kumite: <input type="checkbox"/>	Senior: Kata: <input type="checkbox"/> Kumite: <input type="checkbox"/>
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#### Team Events:

Youth Team Kata: <input type="checkbox"/>	Collegiate Team Kata: <input type="checkbox"/>	Adult Team Kata: <input type="checkbox"/>
(Captain) _____		
Team Name: _____		
(Member #2) _____		
(Member #3) _____		

There will be three divisions for Team Kata: Youth, Collegiate and Adult. Team members must be from the same dojo or a near-by club. Team members may be mixed age/gender. However, if there is an adult on the team, that team will compete in the adult division. Collegiate Teams must only have collegiate members on their team. If a team member is not competing individually, the cost for them to compete in team kata is \$10.00.

Registration Fees	Cost	Total Paid
Youth / Collegiate (1 Event)	\$20.00	
Youth / Collegiate (2 Events)	\$30.00	
Adult / Senior (1 Event)	\$25.00	
Adult / Senior (2 Events)	\$40.00	
Team Kata Only	\$10.00	
ISKF Membership (If not current)	\$50.00	
Total Enclosed		

#### Payment made by:

Check:	<input type="checkbox"/>	\$ _____	# _____
Cash:	<input type="checkbox"/>	\$ _____	
PayPal:	<input type="checkbox"/>	\$ _____	
Club Scholarship:	<input type="checkbox"/>	\$ _____	
MAK Scholarship:	<input type="checkbox"/>	\$ _____	

#### 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, Inc.** • 3303 Whispering Woods Drive • Amelia, Ohio 45102  
Email: [LGraham@MidAmericaISKF.com](mailto:LGraham@MidAmericaISKF.com) Phone: 937-515-1062

#### 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 (ISKF) 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. Additionally, Mid-America Karate, Inc. has my permission to use photographs and/or videos of myself in Mid-America Karate, Inc. and ISKF promotional material and on social media.

Youth Participant(s)  
Date of Birth \_\_\_\_\_

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

Print name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_