



# Mid-America ISKF

## Regional Training Registration Form



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

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

Email Address: \_\_\_\_\_

**All Pre-Registration forms must be received by Regional Headquarters one week prior to the event.**

Individual Registration	Cost	Total Paid
1 Training Session	\$45.00	
ISKF Membership (If not current)	\$50.00	
Other		
Sub-Total		
Early Registration* & Other Deductions		-
Total Enclosed		

### Payment made by:

Check: ☐ \$ \_\_\_\_\_ # \_\_\_\_\_  
Cash: ☐ \$ \_\_\_\_\_  
PayPal: ☐ \$ \_\_\_\_\_  
Club Scholarship: ☐ \$ \_\_\_\_\_  
MAK Scholarship: ☐ \$ \_\_\_\_\_  
Early Registration: ☐ \$ **-5.00** (per person)

### Additional Family Members

Name/Age: \_\_\_\_\_  
Rank: \_\_\_\_\_  
ISKF # \_\_\_\_\_

Name/Age: \_\_\_\_\_  
Rank: \_\_\_\_\_  
ISKF # \_\_\_\_\_

Name/Age: \_\_\_\_\_  
Rank: \_\_\_\_\_  
ISKF # \_\_\_\_\_

Additional Family Registration	Additional Person	Number of People	Total Cost
1 Training Sessions	\$45.00 ea.		
ISKF Membership (If not current)	\$50.00 ea.		
Family Sub-Total			
Early Registration* & Other Deductions			-
Total Family Members Fees Enclosed			
Total including Individual Registrant			

### 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

04/25