



Mid-America ISKF



Regional Training Registration Form

Collegiate Student

Student must have a valid college identification card

Name: _____ Club Affiliation: _____

Current Rank: _____ MA/ISKF# _____ Expiration Date: _____

Email Address: _____

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

Collegiate Registration	Cost	Total Paid
1 Training Session	\$25.00	
ISKF Membership (If not current)	\$50.00	
Other		
Sub-Total		
Other Deductions (Scholarship Fund)		-
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"/>	\$ _____	

SEND COMPLETED REGISTRATION FORMS AND PAYMENT TO:

Mid-America Karate, Inc. • 3303 Whispering Woods Drive Amelia, Ohio 45102
Email: 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.

Date

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

04/25