

CONTROL # _____



Individual Registration



PLEASE PRINT

Date _____

PD. \$ _____

WARNING: Please provide all information requested below. Failure to do so may invalidate your registration.

Last Name		First Name	
Home Address			
City	State	Zip Code	
Home Phone Number	Sex	Age	Date of Birth (MM/DD/YY)
Date Started Training (MM/YY)	# of Inactive Months	Kobudo Experience	
Rank: Kyu/Dan	Belt Color:	Weight	E-mail address

U.S.A.-N.K.F. MEMBERSHIP# _____	1 day MEMBERSHIP \$5.00 _____
Available only on Web www.usankf.org	Include this with tournament fees.

Dojo Name	
Style Of Karate	
Name Of Sensei	Rank Of Sensei
Dojo Address	
City	State Zip Code
Dojo Phone Number	E-mail address

Individual Waiver

I hereby for myself, my executor(s), my heirs, forever and always agree to save and hold harmless the officers, referees, judges, volunteers, workers, members, Tournament Director, Tournament Promoter, Tournament Employees, USA-NKF and anyone else for any liability or injury I may sustain by the way of my traveling to and from, participating in, or other direct or indirect involvement in the Karate Tournament that I have entered. In addition, I hereby for now and forever, accept any and all responsibilities for any actions in conjunction with the Karate Tournament and the traveling to or from or participating in said event. Finally, I agree to allow, without compensation, the unrestricted use of any photographs, films, or videotape of myself.

Signature: _____ Date: _____

Parents or Guardian: _____
(if under the age of 18)

AGE: (check One)

- | | |
|--|--|
| <input type="checkbox"/> Kinder - 6 & Under | <input type="checkbox"/> Cadet - 16 - 17 |
| <input type="checkbox"/> Children - 11 & Under | <input type="checkbox"/> Senior - 18 - 34 |
| <input type="checkbox"/> Youth - 12 - 13 | <input type="checkbox"/> Masters - 35 & Over |
| <input type="checkbox"/> Jr. Cadet - 14 - 15 | |

TRAINING EXPERIENCE: (Check One)

- BEGINNER - Under one year
 NOVICE - Under two years
 INTERMEDIATE - Under three years or Brown Belt
 ADVANCED - Three years and greater or Black Belt

EVENTS:

- Kumite
 Kata
 Kata WKF Shitei
 Kata Korean
 Kata Weapons
 Short
 Long

See team registration form

Team: Kata, Kumite, Kobudo, **Family Team**

Tournament Director Reserves the Right to Split or Combine Divisions !

Pre-Registration Fee: 1 event \$50.00, + \$10.00 for each additional event
+1 day MEMBERSHIPS \$5.00 = Total \$ _____

NO CHECKS!! Make money orders payable to **Mike Ritter**

Enclose this form along with a copy of your birth certificate.

mail to: Regional Championships, 1062 Reading Rd. Mason, OH 45040

QUESTIONS CALL 513-398-0444

PD. \$ _____

Date _____

CONTROL #

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Team Registration

WARNING: Please provide all information requested below. Failure to do so may invalidate your registration.

Team Name: _____

City _____

State _____

Zip Code _____

AGE: _____

SEX: F, M, or Both _____

CHECK EACH CATEGORY IN WHICH YOU WILL COMPETE

____ Team **Kata**

____ **Family** Team Kata

____ Team **Kumite**

____ **Family** Team Kumite

____ Team **Weapons** Kata

____ **Family** Team Weapons Kata

Name #1 _____

AGE _____

Name #2 _____

AGE _____

Name #3 _____

AGE _____

Dojo Name: _____

Club Code _____

Name of Sensei_ _____

E-mail address _____

Waiver

Team: Kata, Kumite, Kobudo, **Family Team**

I hereby for myself, my executor(s), my heirs, forever and always agree to save and hold harmless the officers, referees, judges, volunteers, workers, members, Tournament Director, Tournament Promoter, Tournament Employees, USA-NKF and anyone else for any liability or injury I may sustain by the way of my traveling to and from, participating in, or other direct or indirect involvement in the Karate Tournament that I have entered. In addition, I hereby for now and forever, accept any and all responsibilities for any actions in conjunction with the Karate Tournament and the traveling to or from or participating in said event. Finally, I agree to allow, without compensation, the unrestricted use of any photographs, films, or videotape of myself.

Signature: _____ Date: _____

Parents or Guardian: _____
(if under the age of 18)

Signature: _____ Date: _____

Parents or Guardian: _____
(if under the age of 18)

Signature: _____ Date: _____

Parents or Guardian: _____
(if under the age of 18)

Tournament Director Reserves the Right to Split or Combine Divisions !

Pre-Registration Fee: \$35.00 per team per event
At the Door ! \$45.00

Make money orders payable to Mike Ritter
Enclose this form and mail to:
Regional Championships, 1062 Reading Rd. Mason, OH 45040
QUESTIONS CALL 513-398-0444