



Individual Registration



CONTROL # _____

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 _____	
<small>Available only on Web www.usankf.Org</small>		<small>Include with tournament fees.</small>	
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, USAKF, 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"/> Junior | - 16 - 17 |
| <input type="checkbox"/> Children | - 7 - 11 | <input type="checkbox"/> Senior | - 18 - 34 |
| <input type="checkbox"/> Jr. Cadet | - 12 - 13 | <input type="checkbox"/> Masters | - 35 & Over |
| <input type="checkbox"/> 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
 Open Kata
 WKF Kata
 Korean Kata
 Weapons Kata
 Short
 Long

See team registration form

Team: Kata, Kumite, Kobudo, (also **New Family Team**)

Tournament Director Reserves the Right to Split or Combine Divisions !

Pre-Registration Fee: 1 event \$45.00, + \$10.00 for each additional event
+ 1 day MEMBERSHIP \$5.00 = Total \$ _____

NO CHECKS! Make money orders payable to **Lynn 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. \$ _____

CONTROL #

Date _____

Team Registration

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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, (also **New 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, USAKF, 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.

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(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

NO CHECKS! Make money orders payable to **Lynn Ritter**
Enclose this form and mail to:
Regional Championships, 1062 Reading Rd. Mason, OH 45040
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