



Individual Registration



CONTROL # _____

PLEASE PRINT

Date _____

PD. \$ _____

Club Code: _____

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# _____

We assign **CLUB CODE** from the following information. *It is imperative for Kumite. It separates clubs in first round bouts.*

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)

_____ Kinder - 6 & Under

_____ Children - 11 & Under

_____ Youth - 12 - 13

_____ Jr. Cadet - 14 - 15

_____ Cadet - 16 - 17

_____ Senior - 18 - 34

_____ Masters - 35 & Over

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 \$40.00, + \$10.00 for each additional event
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**)

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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 Lynn **Ritter**
Enclose this form and mail to:
Regional Championships, 1062 Reading Rd. Mason, OH 45040
QUESTIONS CALL 513-398-0444