

2014 Madison Traditional Karate Tournament Registration Form

To register: fill out (preferably online, or print), and return this application form with a check made out to:
Madison Japanese Karate Club, c/o Alonso Nunez, 2235 Woodview Court #7, Madison, WI 53713
To avoid late registration fees, your form must be postmarked by Monday, November 3rd, 2014

Competitor's name: _____ Phone: (____) _____

Gender: ☐ F ☐ M Age: _____ Rank: _____ E-mail: _____

Address: _____ City: _____ State: _____ ZIP: _____

Club Name: _____ Instructor: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ ZIP: _____

I would like to compete in the following categories (please check)

Individual Events: Kata ☐ One-time Attack ☐ Ko-Go Kumite ☐ Jiyu Kumite ☐ Fukugo ☐

Team Events: Team Kata ☐ Team Kumite ☐ Enbu ☐

Regular Registration Fee Postmarked By November 3rd, 2014

Late registration is considered after November 3rd, with \$5.00 additional fee per event

Single event: \$25, two events: \$35, three events or more: \$40

If you are competing in team events, you must enter your teammates' names:

Team Kata: 2. _____ 3. _____

Team Kumite: 2. _____ 3. _____

Enbu: 2. _____

Judging/referee experience: **Y / N** If Yes, number of years: _____

Please enter total competition fee: \$ _____

RELEASE FORM

I, _____, and my heirs, in consideration for my being allowed to participate in an activity held at, or on a Recreational Facility, hereby release the Board of Regents of the University of Wisconsin System, their officers, employees and agents, the tournament organizers, the Madison Japanese Karate Club, or anyone involved in any way with the tournament, from any liability for damage to, or loss of personal property, sickness and injury from whatever source, legal entanglements, imprisonment, death, loss of money, etc., which might occur while participating at, or in a Recreational Facility. I understand the risks of such participation which include broken bones, strains, sprains and fatigue, to name but a few. I agree to abide by posted safety rules, adhere to the wearing of appropriate clothing and safety equipment and to conduct myself in a safe and responsible manner. I attest and verify that I am physically fit to participate in these activities. I further understand that the University provides no medical coverage for these activities. Should I incur medical expense, I understand that I am solely responsible for such costs. I also agree that any photos and videos taken of me during the tournament can be used by the tournament organizers for publicity or promotion without compensation to me. I understand that participation is voluntary and I freely choose to participate. I have read the above information thoroughly and voluntarily agree to the terms and conditions.

Signature (must be 18 years or older)

Date