

Southern Wisconsin Open Spring Karate Championships

Sunday, March 19th, 2017 Verona High School Gym, Verona, WI 53593

Day of Event Registration Form

1. Fill out the registration form below completely and please print clearly.

First and Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Belt Rank/Color: _____ Age: _____ Sex: _____

Which Karate School do you go to? _____

2. Please Check the events you will be participating in and calculate the payment due:

Under Black Belt Divisions:

Weapons Forms Sparring

Black Belt Divisions:

Traditional Weapons **OR** Open Weapons (Black Belts can compete in one or the other weapons divisions)

Traditional Forms Open Forms Sparring

First Individual Event: \$40 _____

Additional Events: _____ x \$12 _____

Spectator Passes: _____ x \$8 _____

Optional Family Rate (includes spectators) x \$110 _____

Total Amount Paid: _____

3. Read the following and sign.

All minors under the age of 18 MUST have a Parent or Guardian Signature.

The participant agrees to comply with the rules of the Tournament, including the wearing of all approved protective gear in the sparring divisions. The participant acknowledges that competition in the Tournament is physical and participation in such competition can result in injury to a participant.

The participant hereby waives any claim of damages or injury against the Tournament or any Karate America School, or any of its officers, agents, employees or any individual connected with the organization or promotion of the Tournament and expressly assumes all risks of whatever nature resulting from participation.

Student Signature: _____ Date _____

Guardian Signature: _____ Date _____