

2007 MADISON TRADITIONAL KARATE TOURNAMENT REGISTRATION FORM

To register: fill out (print or type), and return this application form with a check made out to:
Madison Japanese Karate Club, c/o Vassil Peytchev, 2914 Interlaken Pass Road, Madison, WI 53719
To avoid late registration fees, your form should be postmarked by October 29, 2007

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

Gender: M/F 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):

Ind. Kata ___ Team Kata ___ One Time Attack ___ Ind. Kumite ___ Team Kumite ___ En-Bu ___

Early Registration Fee Postmarked By October 29, 2007

Late registration is considered after October 29, with a \$5.00 additional fee.

Single event \$20, Two events \$25, Three events or more \$30

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

Team Kata: 2. _____ 3. _____

Team Kumite: 2. _____ 3. _____

En-Bu: 2. _____

Judging experience: Y / N _____ months/years

Please enter total competition fee: \$ _____

Release Form

I, _____, and my heirs, in consideration for my participation in Recreational Sports Activities, 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 in any recreational and/or club sports activities. 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.

Signature (must be 18 years old).

Date