

# 2018 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 Vassil Peytchev, 2914 Interlaken Pass, Madison, WI 53719  
To avoid late registration fees, your form must be postmarked by Monday, November 5<sup>th</sup>, 2018**

Participant's name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Gender: M / F Age: \_\_\_\_\_ Rank: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Club Name: \_\_\_\_\_ Instructor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

<b>I would like to compete in the following categories (please check)</b>	
<b>Adult Ind. Events:</b>	Kata <input type="checkbox"/> One-time Attack <input type="checkbox"/> Ko-Go (or semi-free) Kumite <input type="checkbox"/> Jiyu Kumite <input type="checkbox"/> Fukugo <input type="checkbox"/>
	Adult Team Events: Team Kata <input type="checkbox"/> Team Kumite <input type="checkbox"/> Enbu <input type="checkbox"/>
<b>Youth Ind. Events:</b>	Kata <input type="checkbox"/> Kumite (based on rank) <input type="checkbox"/> Jiyu Kumite <input type="checkbox"/> Fukugo (using Kogo kumite) <input type="checkbox"/>
	Youth Team Events: Team Kata <input type="checkbox"/> Team Kogo Kumite <input type="checkbox"/> Enbu <input type="checkbox"/>

## **Regular Registration Fees, Postmarked By November 5<sup>th</sup>, 2018**

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

## **Late registration is considered postmarked after November 5<sup>th</sup> with fees as follows:**

Single event: \$40, two or more events: \$55

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 participation fee: \$ \_\_\_\_\_**

### RELEASE FORM

I, \_\_\_\_\_, and my heirs, in consideration for my being allowed to participate in this event, 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, the Madison School District and Madison West High School, their officers, employees and agents, 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 this event. 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 tournament organizers provide 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 (parent or guardian if participant is younger than 18)**

\_\_\_\_\_  
**Date**