

2025 Madison Traditional Karate Tournament Registration Form

Name:			Phone:		
Gender: M / F	Age:	Rank:	Email:		
Address:		City:	State:	ZIP:	
Club Name:				State:	
Emergency Contact:			Phone:		
Parent/Guardian (for youth):			Phone:		

I would like to compete in the following categories (selections checked)
<u>Individual Events:</u> Kata ☐ One-time Attack ☐ Fukugo ☐ Rank level kumite ☐ Kogo Kumite ☐ Jiyu Kumite ☐ <u>Team Events:</u> Team Kata ☐ Team Kumite ☐ Enbu ☐

Registration Fees Postmarked By Saturday, October 18th, 2024

Single event: **\$30**, two or more events: **\$40**

**Late registration is considered when postmarked after October 18th
with fees as follows:**

Single event: **\$45**, two or more events: **\$60**

Youth (younger than 18 year old) registration fees are \$10 less

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: **Yes / No** If Yes, number of years: _____

Total participation fee: \$ _____

RELEASE FORM

I, _____, and my heirs, in consideration for the person above 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, 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 a karate tournament. 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 (Parent/Guardian if under 18) _____

Date _____