

# 2023 Madison Traditional Karate Tournament Registration Form

Name:			Phone:		
Gender: <b>M / F</b>	Age:	Rank:	Email:		
Address:		City:	State:	ZIP:	
Club Name:				State:	
Emergency Contact:			Phone:		

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

## Registration Fees Postmarked By Monday, Oct 30<sup>th</sup>, 2023

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

**Late registration is considered when postmarked after October 30<sup>th</sup> with fees as follows:**

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

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. **This includes abiding by all COVID-19 policies put in place by the University of Wisconsin-Madison at the time of the tournament.** 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