



# TEAM REGISTRATION FORM

**ENTRY FEE: \$60 Per Team – PRE-REGISTRATION REQUIRED.**  
(Late registration fee: \$20)

Fees & Forms must be received or postmarked no later than **April 7, 2018.**  
(Make copies for multiple kata entries. One entry per team.)

Teams must include three participants and may include one alternate.  
Co-ed teams are permitted.  
(See Division Listing for Division Numbers & Criteria)

Team Name \_\_\_\_\_ Dojo \_\_\_\_\_  
Head Coach \_\_\_\_\_ Phone number \_\_\_\_\_  
Team Division # \_\_\_\_\_  
Entry Fee Enclosed \$ \_\_\_\_\_ **(Checks Payable to WKF-USA)**

## PARTICIPATION WAIVER AND RELEASE

I understand that karate is a very dangerous martial art involving forceful physical contact that it is likely to incite aggressive behavior which is beyond the control of the WKF-U.S.A., Denwakan Martial Arts Center, or the volunteer staff and judges to control. I understand that severe injuries or death may result from my participation in the activities of this martial art and I fully and knowingly accept these risks. Further, I understand that any medical treatment given to me during the tournament will be in the nature of first aid treatment only. I agree that I will seek appropriate treatment for any injury I may receive at the appropriate medical facility. Finally, I certify that I am physically and emotionally sound, have medical approval to proceed with rigorous exercise, including physical contact, and assume full responsibility for my own well-being.

Understanding the above, I release WKF-U.S.A., Denwakan Martial Arts Center, their agents, officers or employees, and any and all volunteer staff and judges from any and all liability, now and in the future, arising from or in connection with the activities of and concerning my participation in this tournament.

If under 18 years of age, the approval of a parent of legal guardian is required.

I have read and understood the above.

## TEAM MEMBERS

(1) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(2) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(3) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(4) Alternate \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_