

Feb. 16 & 17, 2018

Name: _____ Id#: _____

Phone #: _____ Club: _____

Age: _____ E-mail: _____

Please circle the appropriate choices for each category:

Age: 7&under 8&9 10&11 12&13 14&15 Adult

Rank: White Yellow Orange Green Blue Brown

Shodan Nidan Sandan & up

Gender: Male Female

Events: Friday Clinic **Saturday Tournament:** Kata Kumite

Waiver

I, the undersigned, hereby waive all claims against any/all persons and organizations associated with the Shintani Wado Kai Karate Federation and Hamiota Karate Club for any and all loses and/or injuries resulting from my attendance to the tournament and/or workshops.

Dated at _____, Manitoba on _____/_____/_____
Month Day Year

(signature of participant)

(signature of participants guardian if under 18)

Cost: \$20 Clinic
 \$25 Tournament

Amount Received: _____

\$40 Clinic & Tournament

Cheque & number : _____

Family Rate of first 2 members pay

Cash: _____