Paid Division:

Saskatchewan Shintani Wado-Kai Karate
Annual Provincial Tournament

ID# _____ NAME: _____
(Passport book #)

ADDRESS: _____

EMAIL: _____

PHONE: _____ CLUB: _____

Please circle appropriate choices in each category. ***(As of tournament date)***

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

RANK: White Yellow Orange Green Blue Brown

Shodan Nidan Sandan Yodan Godan & Up

Gender: Male Female

Will compete in: Kata Kumite (Must compete in Kata to be eligible for Kumite)

WAIVER: I, the undersigned, hereby waive all claims against any/all persons and organizations associated with the Shintani Wado-Kai Karate Federation and Moose Mountain Wado Kai Karate Club for any and all losses and/or injuries resulting from my attendance at the tournament and/or workshop. I understand that photos and/or video may be recorded for instructional/promotional use by the Shintani Wado Kai Karate Federation and/or its member organizations.

Dated at _____ on _____
(Town, Province) *(Date)*

(Signature of participant or adult/guardian if under 18 years)

Cost: Workout $35.00 Attend both: $60.00 ($10.00 off)*
Tournament $35.00

MOOSE MOUNTAIN KARATE

*Family rate: pay for the first two in each family in same residence.
*No 'family' discount on the supper.