

**Mountain States Region  
Spring Tournament Registration  
Form March 9, 2019**

# REGISTRATION FORM

Tournament Fee Check # \_\_\_\_\_

Team Kata Fee Check # \_\_\_\_\_

FOR ADMIN USE ONLY.

## **(1) INDIVIDUAL** (Contestants must complete)

*Please print legibly:*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ (M/F) Kyu/Dan Level \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Phone Number \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Dojo \_\_\_\_\_ Instructor Name \_\_\_\_\_

Kata division # \_\_\_\_\_ Kumite division # \_\_\_\_\_ Check amount: \_\_\_\_\_

I, the undersigned, understand that my participation in the March 9th, 2019, Spring Tournament may result in personal injury or other type of misfortune. I am aware of this potential danger, and with full knowledge of these risks, voluntarily accept and assume these risks of injury or other misfortune by participating in these activities. By signing this RELEASE FORM, I accept full responsibility. On behalf of myself and my successors, assigns, and heirs, release ISKF, ISKF of Colorado, the Susan M. Duncan Family YMCA, the Tournament Director and all members of the Tournament Committee or their respective office, agents, representatives, successor and/or assignees, for all liability and claims against them for any circumstances resulting from my participation, in the tournament, examination, or travel. I accept full financial obligation for any and all medical, hospitalization or other costs related to any injury, misfortune or other circumstances resulting from my participation in the tournament, examination or travel.

\_\_\_\_\_  
(Signature of participant) Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of legal guardian, if under 18 years of age) Date \_\_\_\_\_

## **(2) TEAM KATA** (Team Captain please complete)

*FOR TEAM KATA*

Team Kata Div # \_\_\_\_\_

Team NAME \_\_\_\_\_

Team Captain \_\_\_\_\_ Age \_\_\_\_\_

Team Member \_\_\_\_\_ Age \_\_\_\_\_

Team Member \_\_\_\_\_ Age \_\_\_\_\_