



# MELFORT SHINTANI WADO-KAI

## KARATE TOURNAMENT

MELFORT, SK

### REGISTRATION FORM

PLEASE PRINT

NAME \_\_\_\_\_ BELT RANK \_\_\_\_\_ STRIPES \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
Street City Prov. / State Postal / Zip Code

DOJO NAME \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

All minors under the age of 18-yrs. must have a parent or guardians signature. The participant agrees to comply with the rules of the Melfort Shintani Wado Kai Spring Mini Tournament and acknowledges that competition in the Melfort Shintani Wado Kai Spring Mini Tournament and participation in associated events is physical and participation in such competition and events can result in injury to the participant. The participant hereby waives any claim of damages or injury against the Melfort Shintani Wado Kai Spring Mini Tournament or any of it's affiliated associations, or any of its officers, agents, members, instructors or any individual connected with the organization or promotion of the Melfort Shintani Wado Kai Spring Mini Tournament and expressly assumes all risks of whatever nature resulting from participation. Additionally, I am fully aware of my personal medical conditions and hereby certify that I am mentally and physically fit to compete in said Tournament and associated events.

I have carefully read the above conditions and hereby fully understand and agree to, and will comply with all of them.

Dated at (place) \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Participant \_\_\_\_\_ SWKFF ID# \_\_\_\_\_

If the applicant is under the age of 18-years, this application must be signed by his or her parent or guardian, and do hereby consent and agree, on their behalf and the participant's behalf, to the terms of the registration for this Tournament signed by the participant.

Dated at (place) \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

DIVISIONS ENTERED: KATA \_\_\_\_\_ KUMITE \_\_\_\_\_  
Team IPPON KUMITE (13 and under – all ranks) \_\_\_\_\_

ENTRANCE FEE: 15.00

Contact: Sensei Jonathan Scott

[sensei.jonscott@gmail.com](mailto:sensei.jonscott@gmail.com) ph: 306-921-3915