

Paid

Division: _____

**2017 Saskatchewan Shintani Wado-Kai Karate
Annual Provincial Tournament
November 24th and 25th, 2017**

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 \$25.00 Attend both: \$40.00 (\$10.00 off)*
Tournament \$25.00



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

