

# Melita Wado Kai Karate Tournament Registration March 16, 2019

PLEASE PRINT:

Name: \_\_\_\_\_ Passbook #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Club: \_\_\_\_\_

Age: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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Please circle one for each category:

**Rank:** White Yellow Orange Green Blue Brown Black

**Events:** Kata Kumite\* Team Kumite Team Kata (Orange+)

\*You must compete in kata in order to compete in kumite

**Sex:** Male Female

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## Waiver

I, the undersigned, hereby waive all claims against all persons and organizations associated with the Melita Wado Kai Karate Club and Shintani Wado Kai Karate Federation for any and all losses and/or injuries resulting from my attendance and participation in this tournament. I acknowledge and accept that pictures and/or video may be taken during the tournament and/or clinic by participants and spectators for personal use

Dated at \_\_\_\_\_, Manitoba on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
(Participant's name please print) (Guardian's name please print)

\_\_\_\_\_  
(Signature of Participant) (Signature of guardian if under 18 years old)