



Sunday, October 18<sup>th</sup>, 2015

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

DOJO \_\_\_\_\_ HEAD SENSEI \_\_\_\_\_ IIKF#(if applicable) \_\_\_\_\_

BELT RANK \_\_\_\_\_ YEARS OF TRAINING \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ (PLEASE CHECK ONE)

RANK\*\*

BEGINNER (UP TO 1 YEAR)

NOVICE (1-2 YEARS)

INTERMEDIATE (2-4 YEARS)

ADVANCED (4 YEARS OR MORE/BLACK BELT)

Kids Division

CHECK ALL THAT MAY APPLY

<u>Age</u>	<u>Beginner</u>	<u>Novice</u>	<u>Intermediate</u>	<u>Advanced</u>	<u>Kata</u>	<u>Weapons</u>	<u>Kumite</u>
4-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teen Division

<u>Age</u>	<u>Beginner</u>	<u>Novice</u>	<u>Intermediate</u>	<u>Advanced</u>	<u>Kata</u>	<u>Weapons</u>	<u>Kumite</u>
13-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adult Division

<u>Age</u>	<u>Beginner</u>	<u>Novice</u>	<u>Intermediate</u>	<u>Kata</u>	<u>Weapons</u>	<u>Kumite</u>
19-29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30-44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 & Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Advanced/Black Belt Adult Division

<u>Rank</u>	<u>Kata</u>	<u>Weapons</u>	<u>Kumite</u>
1 <sup>st</sup> -2 <sup>nd</sup> Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> -5 <sup>th</sup> Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <sup>th</sup> Degree & Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOURNAMENT FEES

\$50 for 1 event  
 \$60 for 2 events  
 \$70 for 3 events

\*\*We reserve the right to combine divisions, age groups, and categories as needed\*\*

Release: I hereby voluntarily release, discharge, and agree not to hold Curt Sawyer, Matt Dorsey, the International Isshin Ryu Karate Federation, Martial Arts America, Samurai Martial Arts, their employees, volunteers, or anyone else for liability, or personal injury arising from my participation in the International Isshin Ryu Karate Championships. I certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly by any such condition. I also agree to waive any compensation for the use of pictures, video, or media coverage, etc. by the International Isshin Ryu Karate Federation for advertising purposes.

Signature - Participant \_\_\_\_\_ Date \_\_\_\_\_ Signature (Parent or Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Cash \_\_\_\_\_ Credit \_\_\_\_\_ Check/Money Order Made out to the IIKF \_\_\_\_\_ Paypal (info@iikf.org) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Total:\$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_ Billing Zipcode \_\_\_\_\_



Sunday, October 18<sup>th</sup>, 2015

**TEAM DEMONSTRATION/SYNCONIZED KATA & TEAM KATA REGISTRATION FORM**

TEAM NAME \_\_\_\_\_ IIKF#(if applicable) \_\_\_\_\_  
TEAM CAPTAIN \_\_\_\_\_ AGE \_\_\_\_\_ RANK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
PRIMARY PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
DOJO \_\_\_\_\_ HEAD SENSEI \_\_\_\_\_

**TEAM MEMBERS (UP TO 8 FOR SELF-DEFENSE/DEMO – MUST HAVE 3 FOR TEAM KATA)**

1) NAME \_\_\_\_\_ AGE \_\_\_\_\_ RANK \_\_\_\_\_

\_\_\_\_\_  
*Signature - Participant (Parent or Guardian if under 18)*

2) NAME \_\_\_\_\_ AGE \_\_\_\_\_ RANK \_\_\_\_\_

\_\_\_\_\_  
*Signature - Participant (Parent or Guardian if under 18)*

3) NAME \_\_\_\_\_ AGE \_\_\_\_\_ RANK \_\_\_\_\_

\_\_\_\_\_  
*Signature - Participant (Parent or Guardian if under 18)*

4) NAME \_\_\_\_\_ AGE \_\_\_\_\_ RANK \_\_\_\_\_

\_\_\_\_\_  
*Signature - Participant (Parent or Guardian if under 18)*

5) NAME \_\_\_\_\_ AGE \_\_\_\_\_ RANK \_\_\_\_\_

\_\_\_\_\_  
*Signature - Participant (Parent or Guardian if under 18)*

6) NAME \_\_\_\_\_ AGE \_\_\_\_\_ RANK \_\_\_\_\_

\_\_\_\_\_  
*Signature - Participant (Parent or Guardian if under 18)*

7) NAME \_\_\_\_\_ AGE \_\_\_\_\_ RANK \_\_\_\_\_

\_\_\_\_\_  
*Signature - Participant (Parent or Guardian if under 18)*

8) NAME \_\_\_\_\_ AGE \_\_\_\_\_ RANK \_\_\_\_\_

\_\_\_\_\_  
*Signature - Participant (Parent or Guardian if under 18)*

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Cash \_\_\_\_\_ Credit \_\_\_\_\_ Check/Money Order Made out to the IIKF \_\_\_\_\_ Paypal (info@iikf.org) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Total: \$ 30.00 Date Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

**FEE: \$30.00 PER TEAM**

Billing Zipcode \_\_\_\_\_