

SIGNATURE OF CONTESTANT

2017 USA KARATE HAWAII STATE REGIONAL CHAMPIONSHIPS

Sunday, March 5th, 2017 (9 am to 4 pm) Manoa District Gym #2 2721 Kaaipu Ave, Honolulu, HI 96822

DOUBLES KUMITE ENTRY FORM

TEAM DOJO NAME:	DOJO NAME:SENSEI/COACH:	
EMAIL:		
	TEAM MEMBERS	
1. NAME:	WEIGHT:	*AGE:
1. NAME:	WEIGHT: RANK:	SEX: MALE / FEMALE
2. NAME:	WEIGHT:	*AGE:
2. NAME:	RANK:	
*Please make sure to sign up for the age division you will be competing USANKF National Championships, you should compete in the older age or requires USANKF membership. Please visit www.usankf.org for membe	division in order to compete at the Nationals. Qua ership enrollment. DOUBLES KUMITE	lification for the 2017 USANKF National Championship
·	y INTERMEDIATE & ADVANCED competitors may	
() 7 & under male () 8 – 9 male	() 7 & under fe () 8 – 9 female	
() 10 – 11 male	() 10 – 11 fem	
() 12 – 13 male	() 12 – 13 fem	ale
() 14 – 15 male	() 14 – 15 fem	
() 16 – 17 male () 18 – 34 male	() 16 – 17 fem () 18 – 34 fem	
	REGISTRATION FEES	
All registration forms that are received on F	Each team division \$45 Sebruary 20 th or later will be charged	a \$10 LATE FEE for EACH TEAM
In consideration of my acceptance into this tournament, I agree to rele- and instructors, all clubs, organizations, and firms of any and all liability expenses, including claims at law, which I or my heirs and personal repr participation in this contest and/or in the care or use of, custody and co tournament may be used at the organizer's discretion, and we waive co nature only. I additionally affirm that all tournament registration inforn	of for injuries, disease, or ill health, or the aggravat resentatives may have arising out of, or caused in control of any involved organization, including trav compensation for them. I fully understand that any	ion of such, all claims, demands, costs, or losses and any way by, or having connection with my el to and from the tournament. All photos of me at th medical treatment given to me will be of a first-aid
1) SIGNATURE OF CONTESTANT	SIGNATURE OF PARENT OR GUARDI.	// AN DATE

SIGNATURE OF PARENT OR GUARDIAN