



Where Olympic Journeys Begin

# USA National Karate-do Federation National Championships & Team Trials TEAM KUMITE Registration Form

**TEAM NAME:** \_\_\_\_\_

**PRICE:** \$175 per team **\*\*All athletes must meet the age requirements.**

**CATEGORY:** Team Kumite (4 athletes maximum)

- |   |   |
|---|---|
| <input type="checkbox"/> TS300 7 & Under Beg/Nov Female Team Kumite | <input type="checkbox"/> TS316 14-15 Beg/Nov Female Team Kumite |
| <input type="checkbox"/> TS301 7 & Under Int/Adv Female Team Kumite | <input type="checkbox"/> TS317 14-15 Int/Adv Female Team Kumite |
| <input type="checkbox"/> TS302 7 & Under Beg/Nov Male Team Kumite   | <input type="checkbox"/> TS318 14-15 Beg/Nov Male Team Kumite   |
| <input type="checkbox"/> TS303 7 & Under Int/Adv Male Team Kumite   | <input type="checkbox"/> TS319 14-15 Int/Adv Male Team Kumite   |
| <input type="checkbox"/> TS304 8-9 Beg/Nov Female Team Kumite       | <input type="checkbox"/> TS320 16-17 Beg/Nov Female Team Kumite |
| <input type="checkbox"/> TS305 8-9 Int/Adv Female Team Kumite       | <input type="checkbox"/> TS321 16-17 Int/Adv Female Team Kumite |
| <input type="checkbox"/> TS306 8-9 Beg/Nov Male Team Kumite         | <input type="checkbox"/> TS322 16-17 Beg/Nov Male Team Kumite   |
| <input type="checkbox"/> TS307 8-9 Int/Adv Male Team Kumite         | <input type="checkbox"/> TS323 16-17 Int/Adv Male Team Kumite   |
| <input type="checkbox"/> TS308 10-11 Beg/Nov Female Team Kumite     | <input type="checkbox"/> TS324 18-34 Beg/Nov Female Team Kumite |
| <input type="checkbox"/> TS309 10-11 Int/Adv Female Team Kumite     | <input type="checkbox"/> TS325 18-34 Int/Adv Female Team Kumite |
| <input type="checkbox"/> TS310 10-11 Beg/Nov Male Team Kumite       | <input type="checkbox"/> TS326 18-34 Beg/Nov Male Team Kumite   |
| <input type="checkbox"/> TS311 10-11 Int/Adv Male Team Kumite       | <input type="checkbox"/> TS327 18-34 Int/Adv Male Team Kumite   |
| <input type="checkbox"/> TS312 12-13 Beg/Nov Female Team Kumite     | <input type="checkbox"/> TS328 35+ Beg/Nov Female Team Kumite   |
| <input type="checkbox"/> TS313 12-13 Int/Adv Female Team Kumite     | <input type="checkbox"/> TS329 35+ Int/Adv Female Team Kumite   |
| <input type="checkbox"/> TS314 12-13 Beg/Nov Male Team Kumite       | <input type="checkbox"/> TS330 35+ Beg/Nov Male Team Kumite     |
| <input type="checkbox"/> TS315 12-13 Int/Adv Male Team Kumite       | <input type="checkbox"/> TS331 35+ Int/Adv Male Team Kumite     |

| NAME | USA KARATE MEMBERSHIP NO. | AGE |
|------|---------------------------|-----|
| 1    |                           |     |
| 2    |                           |     |
| 3    |                           |     |
| 4    |                           |     |



Where Olympic Journeys Begin

# USA National Karate-do Federation National Championships & Team Trials TEAM KUMITE Registration Form

CLUB/DOJO NAME: \_\_\_\_\_

INSTRUCTOR/SENSEI'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
Sensei's Signature

\_\_\_\_\_  
Date

## Adult & Minor Amateur Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in the USA National Karate-do Federation (USA Karate) competition and related events and activities, the undersigned:

1. Agrees that prior to participating, they know and understand the Rules of Competition, and that they (if under 18 years of age a Parent or Guardian) will inspect the facilities and equipment to be used, and if the participant and/or Parent or Guardian, believes anything is, or may be, unsafe, they will immediately advise their coach or supervisor and the event personnel of such condition(s) and refuse to participate unless and until such condition is remedied.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at the time. The undersigned assumes all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Release, waive, discharge and covenant not to sue USA National Karate-do Federation, USA Karate, The United States Olympic and Paralympic Committee, , Visit Fort Worth, Fort Worth Convention Center, Fort Worth Sports Commission, City of Fort Worth, Tarrant County, Texas, its officers, its affiliated clubs, approved sports organizations, their respective administrators, directors, agents, coaches and other employees, staff, official and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releasees" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise. The undersigned shall indemnify the releasees and hold them harmless for any losses, liability of damages which may result from any failure or defect of such releasee.
4. (a) All entries are final; no refunds will be given. (b) I fully understand that any medical treatment given will be of a first aid treatment type only. (c) I consent that any pictures furnished by me or any and all photographs or video images taken of me in connection with the competition and related events and activities can be reproduced and used for publicity, promotion or other purpose by the USA Karate, its licensees or assigns now or in the future, and published or broadcast by any media whatsoever, and I hereby waive any and all claim for any compensation of any kind in regard thereto. (d) All participation in this competition and related events and activities is by permission only. The Tournament Director or his authorized agent(s) reserve the right to refuse entry to any person, school, team or club.
5. Statement of Health. By my signature below I confirm that I am in sound health and there is no reason why I cannot participate in this championship and/or event. The undersigned having read the above waiver and release in its entirety, understand that they have given up substantial rights by signing it and sign it voluntarily.

The undersigned has read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

- |                          |   |               |
|--------------------------|---|---------------|
| 1. _____<br>Athlete Name | _____<br>Signature of Athlete/Parent/Guardian | _____<br>Date |
| 2. _____<br>Athlete Name | _____<br>Signature of Athlete/Parent/Guardian | _____<br>Date |
| 3. _____<br>Athlete Name | _____<br>Signature of Athlete/Parent/Guardian | _____<br>Date |
| 4. _____<br>Athlete Name | _____<br>Signature of Athlete/Parent/Guardian | _____<br>Date |