



2019 Shotokan Karate U.S.A. West Coast Championships

COMPETITION REGISTRATION FORM

***ATTENTION* All competitors are required to wear a mouth piece, gloves, shin-guards with instep and a cup support (male competitors.)**

Age _____ Male _____ Female _____ Beginner _____ Novice _____ Intermediate _____ Advanced _____

Division # Entered In:

_____ Kata

_____ Kumite

_____ Kobudo

Make checks payable to:

Miladi Karate Academy
950 Tharp Rd., Suite 1200
Yuba City, CA 95993
(530) 751-9400
(530) 751-7308 Fax

One Division \$50.00 _____
Two Divisions \$55.00 _____
Three Divisions \$60.00 _____

TOTAL FEES PAID _____

There will be a \$25.00 charge for at the door registration.
Pre-registrations must be received by February 1st, 2019.

Name _____ Birth Date _____

Address _____ City, State, Zip _____

Phone _____ Years Training _____ Belt Color _____

Kyu/Dan _____ Style _____ Instructor's Name _____

Dojo Name _____ Dojo Address _____

Adult & Minor Amateur Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in the Shotokan Karate USA West Coast Championships, and related events and activities, the undersigned:

1. Agrees that prior to participating, they (if under 18 Parent or Guardian), will inspect the facilities and equipment to be used, and if the participant and/or Parent/ Guardian, believes anything is unsafe, they will immediately advise their coach or supervisor or Miladi Karate Academy personnel of such condition(s) and refuse to participate.
2. Acknowledges and fully understands 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 but the 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 this time.
3. Assumes all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Releases, waives, discharges and covenants not to sue Alex Miladi, Shotokan Karate USA, Miladi Karate Academy, River Valley High School, its officers, its affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches and other employees 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.
5. **All entries are final, no refunds will be given.** I fully understand that any medical treatment given will be of a first aid treatment type only. I consent that any pictures furnished by me or any pictures taken of me in connection with the Tournament can be used for publicity, promotion or television showing now or in the future, and I waive compensation in regard thereto. All participation in any event or class in this Tournament is by permission only. The Director or his authorized agent(s) reserve the right to refuse entry to any person, school, team or club.
6. Understands that the tournament directors reserve the right to combine or cancel any division, or place any individual competitor in a different division in accordance with their size, age, or experience level.
7. **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 have read the above waiver and release, understand that they have given up substantial rights by signing it and sign voluntarily.

Signature of Contestant (If under 18 signature of Parent/Guardian) _____ Date _____