



USA OPEN KARATE CHAMPIONSHIPS

Competitor Registration Form

1

Photo **must** be attached. Registrations without photos will not be processed and a late fee will apply

2

USA Karate Membership Number:	Date of Birth (mm/dd/yyyy):	Zip Code:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Weight (in pounds):	Skill Level: <input type="checkbox"/> Beginner (less than 1 year) <input type="checkbox"/> Novice (1-2 years) <input type="checkbox"/> Intermediate (2-3 years) <input type="checkbox"/> Advanced (3+ years) <input type="checkbox"/> Elite (WKF Level)				

3

EVENT SELECTION				
KATA (Individuals competing in kata may select ONE of the following)				
<input type="checkbox"/>	Category	Division #	<input type="checkbox"/>	Category
<input type="checkbox"/>	Open Kata		<input type="checkbox"/>	Elite Kata
NON-ELITE KUMITE (Individuals competing in non-elite kumite may select ONE of the following)				
<input type="checkbox"/>	Category	Division #		
<input type="checkbox"/>	Kumite			
ELITE KUMITE (Individuals competing in elite kumite may select TWO of the following)				
<input type="checkbox"/>	Category	Division #	<input type="checkbox"/>	Category
<input type="checkbox"/>	Elite Kilo Kumite		<input type="checkbox"/>	Elite Open Weight Kumite
WEAPONS/KOBUDO (Individuals competing in weapons may select ONE of the following)				
<input type="checkbox"/>	Category	Division #		
<input type="checkbox"/>	Weapons			

4

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 athletics/sports program, and related events and activities, the undersigned:

- 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 USA Open Karate Championships personnel of such condition(s) and refuse to participate unless and until such condition is remedied.
- 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, inaction's or negligence but the actions, inaction's 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. The undersigned assumes all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- Release, waive, discharge and covenant not to sue The USA National Karate-do Federation, USA Karate, Asian World of Martial Arts, The United States Olympic Committee, Caesars Entertainment, Paris Las Vegas Hotel & Casino, Bally's, Hiroshi Allen, Hiroshi Allen Karate, City of Las Vegas, Clark County, Nevada, its officers, its affiliated clubs, regional sports organizations, 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 or damages which may result from any failure or defect of such release.
- 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 and all photographs or video images taken of me in connection with the Tournament can be reproduced and used for publicity, promotion or other purpose by the USA-NKF, 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. All participation in any event or class in this Tournament 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.
- 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.

5

Insurance Coverage

All International Competitors are **required** to have their own medical & accident insurance coverage. USA Karate does not provide any medical or accident insurance for international athletes. By participating in this event, international competitors are acknowledging that they have their own medical & accident insurance.

6

PLEASE PRINT CLEARLY (DO NOT LEAVE ANY FIELD BLANK)

Competitor Name:		Country:
Email:		Phone:
Club ID:	Instructor's Name:	Club Address:

8

PAYMENT INFORMATION	
Non-Elite Divisions	
<input type="checkbox"/>	First Division (\$80)
<input type="checkbox"/>	Second Division (\$40)
<input type="checkbox"/>	Third Division (\$25)
Elite Divisions	
<input type="checkbox"/>	First Elite Kumite Division (\$100)
<input type="checkbox"/>	Second Elite Kumite Division (\$100)
<input type="checkbox"/>	Elite Kata Division (\$100)
All Competitors	
\$25	Paper Registration Handling Fee - REQUIRED <i>Register Online to Avoid this Fee!</i>
<input type="checkbox"/>	Late Fee (Date Dependent) <i>See Instruction Sheet for Details</i>
TOTAL	

7

By signing below, I acknowledge that I have read the Waiver & Release of Liability and that all information above is true to the best of my knowledge.

Signature of Contestant or Parent/Guardian if under 18	Date
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9

Payment Information:	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card (Visa & Mastercard Only)
Name on Card :		
Card Number :		
Expiration Date :	CCV2 :	

10

Hotel Name :		
Reservation Name :		
Check-In Date :	Check-Out Date:	Room Rate: