



# 2010 SWKKF

## Western Canadian Championships

Warman, SK



1. Complete both pages of this form – if printing please use double side
2. Circle choice of payment and attach to registration
3. **Competitors must check in at registration desk on day of tournament prior to bow in**

**Choose:**

1. Mail or email registration to [saskatoonwadokai@sasktel.net](mailto:saskatoonwadokai@sasktel.net) minimum 1 week prior to tournament (pre-registration discount applies)
2. Pre-register at workshop on Friday April 9<sup>th</sup> (pre-registration discount applies)
3. Registration on day of tournament by 9:00am (no discount)
4. Large groups (i.e. buses) please send an email of names, ages and ranks ahead of time if possible and hand in registration forms/waivers and payments at tournament.

### REGISTRATION FORM

PLEASE PRINT

NAME: \_\_\_\_\_

BELT RANK: \_\_\_\_\_ STRIPES: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: MALE FEMALE

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

Street City

Prov. / State Postal / Zip Code

PHONE: \_\_\_\_\_

DOJO NAME: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

PASSBOOK NUMBER: \_\_\_\_\_ (some may not have yet)

**ENTRANCE FEE:**

Friday Night Clinic ONLY	\$10/participant (Max \$25/family)
Saturday Tournament ONLY	\$20/competitor (Max \$50/family)
Clinic & Tournament Package with <u>pre-registration</u>	\$25/participant (Max \$60/family)
Discount price for Black Belts who are judging	\$15/Black Belt (both clinic & tournament)



Friday April 9<sup>th</sup> and Saturday April 10<sup>th</sup>, 2010



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**Western Canadian Championships**  
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**Tournament Waiver**

**Participant information, Waiver of Claim and Assumption of Risk**

Please read carefully before signing; all participants are required to have this form properly completed and on record with tournament officials before participating. In consideration of the benefits received by me and of permission granted now and in the future to participate in the tournament, I agree and acknowledge that:

1. I have met all of the prerequisites and conditions required for participating in the tournament.
2. I will abide by the rules and decisions imposed on the participants of this tournament.
3. I recognize there are risks and hazards inherent in the very nature of the tournament and that as a result of these risks and hazards, I as a participant may suffer accident, personal injury, including death, as well as loss or damage to personal property I nevertheless freely and voluntarily assume the aforesaid risks and hazards and accordingly my participation in any way in the tournament shall be entirely at my own risk.
4. I agree now and in the future to indemnify, hold and save harmless from any claim (including medical services), liability, suit, action, or any other proceeding of any kind arising from my participation in the tournament, the Living Skies Wado Kai Karate clubs, the Saskatoon Wado Kai Karate Club, the Warman Wado Kai Karate club, the Shintani Wado Kai Karate Federation, Warman High School, their officers, agents, employees, instructors, fellow participants, and authorized guests.
5. The tournament officials may secure such medical advice and services as they, in their sole discretion, may deem necessary for my health and safety and shall be financially responsible for such advice and services.
6. This INFORMATION, WAIVER OF CLAIM and ASSUPMTION OF RISK is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.
7. The Warman Wado Kai Karate Club is collecting this information in accordance with the Personal Information Privacy Act (2003). We will use this information to maintain membership lists under the requirements of the Societies Act (1980), to provide phone/email lists to members, to contact members with information about the club and SWKKF, and in the event of an emergency. We will not share this information with any third parties without prior written consent. By signing this form, you consent to this use of the information you provide.
8. Permission to publish first name and last initial and/or photographs of competitors \_\_\_\_\_  
(please initial)

*MOUTH GUARDS and HAND PADS are mandatory, other protective equipment is the responsibility of the participant.*

**Participant Name** \_\_\_\_\_

**Signature or Signature of Parent or Guardian (if under 18 years of age)**  
\_\_\_\_\_

**Dated at** \_\_\_\_\_, \_\_\_\_\_.

**Date:** \_\_\_\_\_, 20\_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

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**CASH**                      **CHEQUE**                      **GROUP PAYMENT**    **Group Name** \_\_\_\_\_

**Please make cheques payable to WARMAN WADO KAI KARATE**