

第十二回梁紹楷空手道選手権大会

Registration Form

Name.....Age.....Gender.....

Belt/Rank.....Height.....Weight.....

Address.....

Home Telephone.....Work Telephone.....

Sensei/Dojo.....Dojo Telephone.....

Dojo Address.....

I wish to compete in: (Please filled in division numbers from schedule of events)

(KATA) KA-

(KUMITE) KU-

(KOBUDO) W-

Entry fee:

	Register before May 1 st	Late Registration (after May 1 st)
One or Two Events	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$55.00
Three Events	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$60.00

Please make all payment payable to:

Kai Leung's Shotojuku Inc.

Mail or bring to: Kai Leung's Shotojuku Karate Dojo
32-48 Steinway street, Astoria New York 11103 USA

Note: No personal checks, (Cash, Certified Checks, Money Orders Only)

Waiver:

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the 12th Traditional Karate Invitational Championships directed by Sensei Kai Leung at Queens College, The City University of New York on May 7, 2006 and do hereby assume full responsibility for all injuries, damages or losses that I may sustain or incur, if any, while attending / participating. I do hereby waive all claims against Kai Leung's Shotojuku Inc. and Queens College, The City University of New York individually or otherwise, for any claims or injuries I may sustain. I fully understand that any medical treatment given me will be first aid type only. I certify that I am in good health and without injuries or physical disabilities. I consent that any pictures furnished by me or any pictures taken of me in connection with the Championships can be used for publicity, promotion or television showing and waive compensation in regard thereto. I further agree to conduct myself with decorum in the spirit of Karate-do.

Signature.....Date.....

Parent / Guardian (under 18).....