

**Mountain States Region
Spring Tournament Registration Form
March 13, 2010**

REGISTRATION FORM

Tournament Fee Check # _____
FOR ADMIN USE ONLY.

(1) INDIVIDUAL (Contestants must complete.)

Please print legibly:

Last Name _____ First Name _____ Initial _____ Age _____

Gender _____ Rank _____

Address _____ City _____ State _____ Zip Code _____

Your Phone Number _____ / _____ - _____

Dojo _____ Instructor Name _____

Kata _____ Kumite _____ Both _____

I, the undersigned, understand that my participation in the March 13, 2010, Spring Tournament may result in personal injury or other type of misfortune. I am aware of this potential danger, and with full knowledge of these risk, voluntarily accept and assume these risk of injury or other misfortune by participating in these activities. By signing this RELEASE FORM, I accept full responsibility. On behalf of myself and my successors, assigns, and heirs, release ISKF, ISKF of Colorado, TSKI, LLC., the Lone Tree Recreation Center, the Tournament Director and all members of the Tournament Committee or their respective office, agents, representatives, successor and/or assignees, for all liability and claims against them for any circumstances resulting from my participation, in the tournament, examination, or travel. I accept full financial obligation for any and all medical, hospitalization or other costs related to any injury, misfortune or other circumstances resulting from my participation in the tournament, examination or travel.

Date _____
(Signature of participant)

Date _____
(Signature of legal guardian, if under 18 years of age.)

(2) TEAM KATA (Team Captain please complete.)

FOR TEAM KATA

Team Kata Youth _____ Adult _____

Team NAME _____

Team Captains Name _____ Age _____

Team Member _____ Age _____

Team Member _____ Age _____

For Events, Division # and Fee see Enclosure (3).