



2017

FUNAKOSHI SHOTOKAN KARATE ASSOCIATION

5th FUNAKOSHI CUP TOURNAMENT

INDIVIDUAL REGISTRATION

(Print Clearly)

Name: First Last			Email Address		
Address			Age	Date of Birth: mm/dd/yy	
City	State	Zip	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Rank	Training Yrs/Mo
Kata K -	Kumite S -		Cost : One / Two events \$	\$45.00	<i>Fees Owed</i>
Emergency Telephone / Contact Person			Dojo / Instructor		

Please make checks payable to: **John Bolosan / Kamikaze CO**

Mail Fee & Forms to: **5572 Perth Ct. Denver, CO 80249**

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT (Read Carefully Before Signing)

Competitor and/or Parent/Guardian, if under 18 yrs of age, must sign this form.

PRE-REGISTRATION ONLY No Registration at the Door

Must Be Received by Saturday May 27, 2017
Late Registrations after May 27, 2017, \$20.00 !!!

!!! NO REFUNDS !!!

(PARTICIPANTS ARE RESPONSIBLE FOR THEIR OWN PERSONAL PROTECTIVE GEAR)

I understand that karate is a very dangerous martial art involving forceful physical contact, that it is likely to incite aggressive behavior which is beyond the control of Funakoshi Shotokan Karate Association-Colorado (FSKA-CO) and the City of Denver/Montclair Recreation Center (C-D/MRC), that severe injuries or death may result from my participation in the activities of this martial art, and I fully and knowingly accept these risks. I therefore release FSKA-CO, C-D/MRC,, their officers, agents and employees and any all volunteers or paid instructors from any and all liability, now and in the future, arising from or in connection with the activities of and concerning FSKA-CO, C-D/MRC.

Further, I understand that any medical treatment given to me will be of a First Aid Treatment Only.

I further state that I am in good health, physical and emotional condition, have medical approval to proceed with rigorous exercise, including contact and assume full responsibility for own well-being, so that I may participate in the said tournament. I hereby waive any and all rights I may have to bring any legal action against any participant, FSKA-CO member, the FSKA-CO, C-D/MRC representative, C-D/MRC or anyone else in connection with an injury I may suffer as a result of my participation in the 5th FSKA-CO Funakoshi Cup 2017 (F-Cup2017).

Further, I release the FSKA-CO and C-D/MRC from any and all liability, which would, could. or may arise from any act of omission on its part in connection with the F-Cup2017, the FSKA-CO and C-D/MRC.

My signature, below, on this registration form further indicates - I fully read, understand, accept and agree to the FSKA-CO FUNAKOSHI CUP TOURNAMENT 2017, Release and Waiver of Liability and Indemnity Agreement.

Participant's Signature	Date
Parent/Guardian Signature (if under 18 years of age)	Date

FOR OFFICE USE ONLY