

# 2017 WSKF INTERNATIONALS

**June 23 - 25, 2017**

**Troy, Ohio**

**Hanshi Frank Grant, 10<sup>th</sup> Dan, Chairman, WSKF**

**Pre-registration before June 1, 2017**

Complete this form for **Each** participant.

Registration fee covers Awards Banquet.

- |       |   |          |
|-------|---|----------|
| \$150 | Pre-registration Fee (WSKF members)   | \$ _____ |
| \$115 | Pre-reg. Fee (additional WSKF family member)  | \$ _____ |
| \$175 | Pre-registration Fee (Non WSKF members)   | \$ _____ |
| \$ 40 | Awards Banquet (11 yrs & older non training individuals) # of individuals: ___ x \$40 | \$ _____ |
| \$ 15 | Awards Banquet (5 -11 yrs non training individuals) # of individuals: ___ x \$15      | \$ _____ |

**Children 4 yrs & younger no cost for Awards Banquet**

**Late Registration Fees after June 1, 2017**

- |       |  |          |
|-------|--|----------|
| \$170 | Late Registration Fee (WSKF members)           | \$ _____ |
| \$135 | Late Reg. Fee (Additional WSKF family Members) | \$ _____ |
| \$195 | Late Registration Fee (Non WSKF members)       | \$ _____ |
| \$ 25 | Tree of Life Polo Shirt _____ x \$25           | \$ _____ |
| \$ 15 | Tree of Life T-Shirt _____ x \$15              | \$ _____ |

Please indicate size and quantity

Youth Med 10/12	Youth Lg 14/16	Adult Small	Adult Med	Adult Large	Adult X-Large	Adult XX-Large
_____	_____	_____	_____	_____	_____	_____

**2017 WSKF Internationals Registration Form**

Please fill out completely and send in this form and Registration Fee, CASH or CHECK (Checks payable to the WSKF) to 2486 St. Rt. 718, Troy, OH 45373 before June 1, 2017, or include \$20 Late Registration Fee after June 1. Major credit cards (transaction fees may apply) or cash will be accepted from International Dojos.

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ WSKF # \_\_\_\_\_

Dojo & Town \_\_\_\_\_

Your Sensei \_\_\_\_\_

Rank or Belt Color \_\_\_\_\_

Shorin-Ryu Training Time \_\_\_\_\_

Other Style(s) Studied & Training Time \_\_\_\_\_

**Participant Release**

Please read and sign as indicated. This must be signed for participation in any WSKF seminar event.

I do hereby voluntarily submit my application for attendance and participation in the Karate &/or Kobudo Seminar(s), and do hereby assume full responsibility for any and all damages, injuries, or loss that I may sustain or incur, if any, while attending or participating. I hereby waive all claims against the promoters, operators, or sponsors of said Karate Seminar individually or otherwise, for any claims for injuries that I may sustain. I fully understand that any medical treatment given to me will be First Aid treatment only.

I consent that any pictures furnished by me or any pictures taken of me in connection with the Seminar can be used for publicity, promotion, or television showing, and I waive compensation in regard thereto.

Student \_\_\_\_\_ Date \_\_\_\_\_

(signature)

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

(signature for student under 18 years old)

This form is available on-line: [www.shorin-ryu.net](http://www.shorin-ryu.net)