2019 Windy City 27th Application

Annual Traditional Shotokan Karate Championship, April 27.

Location: Christian Liberty Academy, 502 Euclid Ave, Arlington Heights, Illinois 60004

web site: www.windycitykarate.net e-mail:jkaofpalatine@sbcglobal.net Phone: 847.409-6655

Office Use: Athlete NO. _____

First Name	Last Name	Gender	Age	M	D	Year
		M F				

Athlete Phone #: (____)_____ E-mail: _____

Club Name: _____ Instructor Name: _____

Club Phone No. (_____)_____ Club E-mail: _____

Circle Rank: 10kyu 9kyu 8kyu 7kyu 6kyu 5kyu 4kyu 3kyu 2kyu 1kyu 1-dan 2-dan 3-dan 4-dan & Above

Check the Event(s) you will be competing in (no door registration):

Age	Team Kata	Ind. Kata	Sparring Kumite	Team Kumite	Basics Kihon 4 time stepping 10 Kyu-4Kyu	One Time Attack Kihon Ippon Kumite 10kyu-4kyu	One time attack Jiyu Kumite 3kyu-Black Belts	Weapons Kubudo Kata Age 9 & Above
5-6			NO Event	NO Event		NO Event	NO Event	NO Event
7-8							NO Event	NO Event
9-56								
57-73	NO Event		NO Event	NO Event				

Must write the names of your team mates on this application form below:

Team Kata: Team Mate Name #2 **Team Mate Name 3#**

Team Kumite: Team Mate Name #2 **Team Mate Name 3#**

Kumite Alternate Name: #4. _____.

Competition Fee: Please Circle your Event(s) Fee:

1 Event $40	2 Events $75	3 Events $95	4 Events $120	5-Events $130	6-8 Events $140

Total Enclosed: $_____.

Waiver:

NO refunds once registered (All Athletes are responsible for their own insurance coverage)

Please print your name:

I:_____with this submit my application for participation in the Saturday April 27 Windy City 27th Annual Traditional Shotokan Karate Tournament. I understand that there are risks of injury including death involved in participating in the tournament. I claim full responsibility for myself in this event. I hereby waive and release any and all claims, cause of action, losses, damages, cost, expenses, either known, now existing or arising in the future, that I may have of whatever kind or nature against any tournament organizer or director, Christian Liberty Academy 502 Euclid Ave, Arlington Heights, Illinois 60004 or anyone involved in any way with the tournament. Also,

I agree that the tournament organizer for publicity or promotion can use any photos taken of me during the tournament without compensation to me.

Signature (Parent or Guardian signature if under age 18) _____ Date:_____.

Mail Application Form (s) with Check or Money Order, Payable to: Joe Gonzalez.

P.O. Box 1231, Arlington Heights, Illinois 60006

Application Form must be Post Marked on or before March 25, 2019