

Unleash Your Warrior Within

2011 WSKF Internationals

July 21 – 24, 2011

Hanshi Frank Grant, 10th Dan, Chairman WSKF

Pre-registration before July 1, 2011

Complete this form for each participant

\$139	Pre-registration Fee (adults)	\$_____
\$109	Pre-registration Fee (juniors)	\$_____
\$89	for second family member	\$_____
\$64	for each additional family member	\$_____
\$20	Saturday evening Awards Banquet, for non training parents or guest, (7 yrs and older), number of guest: _____ x \$20 =	\$_____
\$10	Awards Banquet, 6 yrs. and younger, number of guest: _____ x \$10 =	\$_____
\$149	Late Registration Fee (if after July 1)	\$_____
TOTAL FEES PAID		\$_____

Pre-registration, Unleash Your Warrior Within, T-Shirt Order

NOTE: Pre-registered students will receive ONE FREE Limited Edition, Unleash Your Warrior Within, t-shirt. Additional shirts can be pre-ordered for only \$15 each, paid for when picked up at the event. Please indicate size and quantity of shirts.

Youth	Youth	Adult	Adult	Adult	Adult	Adult
Medium	Large	Small	Medium	Large	X-Large	XX-Large
10/12	14/16					

2011 WSKF Internationals Registration Form

Please fill out completely and send in this form and registration Fee, CASH or CHECK (Checks made payable to the WSKF) to your sensei on or before July 1, 2011, or include \$10 Late Registration Fee after July 1.

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 events.

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, and 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