



OCTOBER 29, 2017

INDIVIDUAL REGISTRATION FORM

Athletes should complete one individual form and submit payment to your Sensei or Dojo Director. To register for team events, please see the Team Registration Form.

REGISTRATION DEADLINE: OCTOBER 15, 2017

Your dojo may set its own registration deadline. However, please note that all registrations and payments must be received by CKC by SUNDAY, OCTOBER 15, 2017.

WEBSITE: <http://chicagolandkaratedo.wixsite.com/2017challenge>

ATHLETE INFORMATION

FIRST NAME _____ LAST NAME _____

2018 AAU Number _____ BELT RANK (kyu or dan) _____
Current AAU membership is required. To purchase, visit <https://play.aausports.org>.

GENDER _____ DATE OF BIRTH _____ AGE _____ *as of Oct. 29, 2017*

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

PHONE _____

DOJO NAME _____ SENSEI'S NAME _____

DIVISION:

- Beginner – *wears white belt* (no more than 1 year martial arts experience)
- Novice – *wears green belt* (1 year, less than 2 years martial arts experience)
- Intermediate – *wears brown belt* (2 years, less than 4 years martial arts experience)
- Advanced – *wears black belt* (4 or more years martial arts experience)

EVENT REGISTRATION

- Kihon (Basics), only for Beginners age 12 and under (Fee: \$35)
- Individual Kata (Fee: \$35)
- Individual Kumite (Fee: \$35)

TOTAL FEES: \$ _____

I hereby for myself, my executor(s), my heirs, forever and always agree to save and hold harmless the University of Chicago, Traditional Karate-do Org., Nisei Dojo, Enso Karate, Amateur Athletic Union of the United States and all of its officers, referees, judges, volunteers, workers, members, tournament director, tournament promoter, tournament employees, the facility owners, their respective officers, agents, successors, and anyone else involved in the conduct of this karate tournament/seminar(s) for any liability or injury I may sustain by way of traveling to and from, participating in, or other direct or indirect involvement in the AAU/USA Karate Tournament/Seminar(s) that I have entered. In addition, I hereby for now and forever, accept any and all responsibilities for any actions in conjunction with the AAU/USA Karate Tournament/Seminar(s) and the traveling to or from or participating in said event(s). Finally, I agree to allow, without compensation, the use of any photographs, films, or videotape of myself.

PARTICIPANT SIGNATURE _____

PARENT/GUARDIAN *If athlete is under 18 years old as of October 29, 2017.*

DATE _____

HOW TO REGISTER

ATHLETES/PARENTS

Complete, sign, and submit this **Registration Form** along with tournament fees to your Sensei or Dojo Director.

SENSEI/DOJO DIRECTORS

1. Collect the completed/signed Event Forms for your group and submit to CKC preferably by email to:

Enso Karate
Attention: CKC
412 S. Wells Street, Fl. 7
Chicago, IL 60607

chicagolandkaratedochallenge@gmail.com

2. Email the **Dojo Roster** spreadsheet to the email address above. You can download the spreadsheet from our website.
3. Send a non-refundable payment (cashier's check or money order payable to "Chicagoland Karate-Do Challenge" in the total amount owed) by **October 15, 2017** to the mailing address above.

You will receive confirmation of your registered athletes and have the opportunity to make any corrections.