

INDIVIDUAL REGISTRATION

Last Name: **First Name:**
Dojo: **Region/Province:**
Phone # : **Email:**
Date of Birth (MM/DD/YY): **Age on May 20, 2023:**
Gender (M / F): **Rank (#Kyu / #Dan):**
IKD Judge Level (if judging):

Tournament: (Circle choices)

Individual Events \$35/person					Team Events \$15/person/event		
Age	KATA		KUMITE				
11 & under	Yes	No	Yes	No	Team Kata	Yes	No
12-14	Yes	No	Yes	No	Team Bunkai	Yes	No
15-17	Yes	No	Yes	No	Team Enbu	Yes	No
18-39	Yes	No	Yes	No	Team Kumite	Yes	No
40-59	Yes	No	Yes	No			
60+	Yes	No	Yes	No			

Examinations:			SUMMARY OF FEES:	
Judge	\$90.00 (Exam+Regn)	Yes/No	Individual Event \$35/person	\$
Shodan	\$100.00 (+ Regn)	Yes/No	Team Events \$15/event	\$
Nidan	\$120.00 (+ Regn)	Yes/No	Judges Exam \$90	\$
Sandan	\$140.00 (+ Regn)	Yes/No	Dan Exam	\$
Yondan	\$175.00 (+ Regn)	Yes/No		
Godan	\$230.00 (+Regn)	Yes/No	TOTAL	\$
Rokudan	\$290.00 (+Regn)	Yes/No		

Note: Additional registration form required for teams but fees can be included either as individual or as team.

Make payment to: "Maritime IKD" or by etransfer to maritimeikd@amherstka.com
 If security answer required use: IKD2023
 Deadline date to register is May 5, 2023

WAIVER/RELEASE AGREEMENT FOR CONTESTANTS / PARTICIPANTS

All participants must complete.

"Event" means the May 19-21, 2023 IKD Canada National Tournament

The undersigned is aware that there are risks and dangers inherent in participating and receiving instruction at the Event. In consideration of being permitted to participate in the Event, I hereby release and waive any claims against the Maritime IKD, the International Karate Daigaku and any and all clubs, schools, instructors, members, judges, officials, officers, directors and representatives relating thereto (collectively the "Releasees") for any injury or damage which I may suffer while participating and/or receiving instruction at the Event including travel to and from the Event.

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions, those causes of action that I may have or have had, whether past, present or future, whether now known or unknown and whether anticipated or unanticipated by me, arising out of my participation at the Event. This Release shall be binding upon me, my heirs, successors, administrators, assigns and legal representatives.

I assume full responsibility for any and all risk of death or personal injury or property damage, which I may suffer while participating in the Event. I expressly acknowledge and assume any and all risk that my participation in the Event may subject me to personal injury to bodily harm.

I confirm that I have no past or present medical condition, injury or other physical or mental restriction which may cause or contribute to personal injury or property damage while participating in the Event and if in case I have such a condition, I agree to forthwith nullify the Releasees, as the case may be, and withdraw from the Event.

I further agree by signing this Release, I shall indemnify and hold any of the Releasees harmless from any and all liability or costs, including legal fees, associated with or arising from my participation at the Event.

I understand that if I am signing this Release on behalf of a minor child, I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Release and that I understand the words and language in it. I sign this Release freely and voluntarily.

NAME (PRINT)

DATE

SIGNATURE

WITNESS

Parent/Guardian Release:

I am the parent or legal guardian of the minor _____ and I am signing this waiver/release on behalf of the said minor.

NAME OF PARENT OR GUARDIAN (PRINT)

DATE

SIGNATURE

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CONTESTANT'S / PARTICIPANT'S MEDICAL QUESTIONNAIRE

All contestants are required to submit a completed medical form with their registration

Name: _____ Age _____ Gender _____ Rank _____

Address: _____

Club: _____ Province: _____

Do you have a history of any of the following conditions?
Please check all that apply to you. If you answer yes to any, please explain:

Yes	No	
_____	_____	Heart murmur _____
_____	_____	Hypertension _____
_____	_____	Recent infection _____
_____	_____	Bone fracture in the past six months _____
_____	_____	Concussion or severe head injury in the past six months _____
_____	_____	Seizures _____
_____	_____	Eye injury _____
_____	_____	Severe bone bruises requiring padding _____
_____	_____	Kidney injury _____
_____	_____	Allergy to medication (list all): _____
_____	_____	Other: _____

_____ Date _____
Signature of Contestant (Parent or Guardian if under 18 years of age)

Every contestant must complete and return a medical questionnaire and Waiver & Release Agreement

**** Bring your provincial medical number or card with you to the tournament.**

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PHOTO/VIDEO RELEASE FORM

PLEASE READ CAREFULLY

I hereby grant to the International Karate Daigaku (IKD) the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed images of me, taken on this date: May 19-21, 2023, for use in connection with the activities of the IKD or for promoting, publicizing or explaining the IKD or its activities.

This grant includes, without limitation, the right to publish such images on International Karate Daigaku websites, in our reports and publications and PR/promotional materials, such as marketing admissions publications, advertisements, fund-raising materials, and any other IKD-related publication.

These images may appear in any of the wide variety of formats and media now available to the IKD and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.

Name (printed): _____

Signature: _____

Date of Agreement: _____

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APPLICATION FOR JUDGES' EXAMINATION

- All examinees must pre-register.
- Must be minimum of Shodan and 16 Years+
- Must have whistle with a black lanyard and Haori (judges uniform)

Judges Requirements:	Must be at least:
D Level	Shodan
C Level	Sandan
B Level	Godan
A Level	Rokudan

Name:

Address:

Telephone: Fax:

Email:

Dojo:

Region/Country:

Date of Birth: Gender M F Present Rank (dan):

Current Judge Qualifications:

	<u>Date of Exam</u>	<u>Registration Number</u>
D	<input type="text"/>	<input type="text"/>
C	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>

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2023 NATIONALS JUDGES REGISTRATION
(To be completed by Provincial Director)

Province: _____ Director: _____

Name	Rank	IKD Judge's Level

SELECTION OF JUDGES

- Judges must meet the requirements as established by the International Karate Daigaku
- A minimum of two (2) judges rated class C or above is required from each province.
- Judge's uniform:
 - Whistle
 - White Gi
 - Optional – Haori worn over gi
- Mandatory attendance at Judges Clinic Refresher on Friday evening required

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TEAM KATA REGISTRATION
 (To be submitted by Provincial Director or Dojo Instructor/Coach)

Province: _____

Dojo: _____ Instructor: _____

All teams must pre-register.

Each province may enter any number of teams.

Age of majority members of team determines category to compete in (eg if two members are 13 and one is 14 – they compete in 13 & under category).

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

FEE: _____ TEAMS X \$45.00 PER TEAM

Amount Enclosed:

\$	
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TEAM KATA BUNKAI REGISTRATION
 (To be submitted by Provincial Director or Dojo Instructor/Coach)

Province: _____

Dojo: _____ Instructor: _____

All teams must pre-register.

Each province may enter any number of teams.

Age of majority members of team determines category to compete in (eg if two members are 13 and one is 14 – they compete in 13 & under category).

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

FEE: _____ TEAMS X \$45.00 PER TEAM

Amount Enclosed:

\$

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TEAM ENBU REGISTRATION
 (To be submitted by Provincial Director or Dojo Instructor/Coach)

Province: _____

Dojo: _____ Instructor: _____

All teams must pre-register.

Each province may enter any number of teams.

Age of majority members of team determines category to compete in (eg if two members are 13 and one is 14 – they compete in 13 & under category).

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

FEE: _____ TEAMS X \$45.00 PER TEAM

Amount Enclosed:

\$

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ADULT TEAM KUMITE REGISTRATION
 (To be submitted by Provincial Director or Dojo Instructor/Coach)

Province: _____

Dojo: _____ Instructor: _____

All teams must pre-register.

Teams may have youth members in Team Kata, Team Kata Bunkai or Enbu but not Team Kumite.

Age of majority members of team determines category to compete in (eg if two members are 18-39 and one is 40+ they compete in 18-39 category).

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

Team #

	Name	Rank	Gender	Age
1.				
2.				
3.				

FEE: _____ TEAMS X \$45.00 PER TEAM

Amount Enclosed:

\$	
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