



Washington State Karate-Do Federation

Regional Sport Organization of the USA-NKF

14150 NE 20th Street - F1 / # 376

Bellevue, WA 98007



Washington State Youth Olympic Development Training Program

Date: Saturday March 20th, 2010

Place: WKA Ballard Dojo
8618 3rd Ave. NW
Seattle, WA 98117

Schedule: 10:30 am – 5:00 pm (45 minute lunch break)

This course will cover:

- The latest speed, strength and conditioning techniques as taught at the US Olympic Training Center in Colorado Springs
- Kumite technique and strategy
- WKF Shitei kata requirements and practice

Registration: Pre registration - please send entry forms and checks made payable to:

WSKF
14150 NE 20th St. F1 #376
Bellevue, WA 98007

Onsite registration - opens at 10:00 am – closes at 10:30 am

Time Seminars begin at 10:30 am

Fees: **With Current Annual USA-NKF Membership** (and Canadian athletes) - \$20

With One-Day USA-NKF membership - \$25. (Includes one day USA-NKF membership.)

Medical Insurance: **All attendees MUST be covered by medical insurance to**

Participate. Secondary medical insurance is included as a benefit of USA-NKF membership. All participants must complete USA-NKF Athlete Registration for either Full-year or One-day membership.

Requirements:

- **Available to all intermediate and advanced youth karate-ka ages 11 to 17 years old.**
- All athletes should come with active attire and clean tennis shoes.
- A traditional white gi.
- All sparing gear, including hand pads, shin guards, groin protector, mouth piece, red and blue belts. (Limited equipment will be available to borrow on site.)
- A notebook with writing utensil.
- A sack lunch
- All participants must be either one day or current annual members of USA-NKF (2010 annual USA-NKF memberships available on site for \$50 – Check or Cash Only please)

For more information contact:

Greg Burd gburd@live.com

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Individual Athlete Entry Form

Name _____ Sex: M ___ F ___ Age _____ Date of Birth _____
 Address _____
 City _____ Zip code _____ State _____ Phone number _____
 Name of Dojo _____ Style _____ Dojo phone # _____
 Dojo address _____ City _____ Zip Code _____
 Name of Instructor _____ 2010 USA-NKF membership #: _____

Fees: Annual USA-NKF member \$20 _____ One day USA-NKF member \$25 _____

Make checks payable to:

WSKF

14150 NE 20th St. F1 #376

Bellevue, WA 98007

RELEASE AGREEMENT - READ CAREFULLY BEFORE SIGNING

In consideration of being allowed participation in any way in the USA-NKF, Washington State Karate-do Federation (WSKF), athletic/sport program, and related events and activities, the undersigned:

1. Agrees that prior to participating the participant and/or Parent or Guardian (if under 18), will inspect the facilities and equipment to be used, and if the participant and/or parent or guardian, believes anything is unsafe, they will immediately advise the supervisor of the WSKF RSO event or other event officials of such condition(s) and refuse to participate.
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their action, inaction or negligence but the actions, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, the participant, and/or parent or guardian acknowledges that there may be other risks not known or not reasonably foreseeable at this time. The participant and/or parent or guardian assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death.
3. Releases, waives, discharge and covenants not to sue the WSKF, the USA-NKF, its officers, its affiliated clubs, staff, officials, volunteers, regional sports organizations, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
4. All entries are final; no refunds will be given. I fully understand that any medical treatment given will be of a first aid treatment type only. I consent that any pictures furnished by me or any pictures taken of me in connection with the tournament can be used for publicity, promotion or television showing now or in the future, and I waive compensation in regard thereto. All participation in any event or class in this event is by permission only. The Director or his authorized agent(s) reserve the right to refuse entry to any person, school, team or club.
5. Please Note: **All athletes must be covered by health or medical insurance in order to compete.** Participant Secondary Medical Insurance is included as a benefit of USA-NKF annual membership. The non-member registration fee includes a one-day membership to the USA-NKF, which includes Secondary Medical Insurance coverage for the day of the tournament.

_____ **I have medical Insurance** _____ **I wish to apply for secondary medical insurance**

6. Statement of Health: By my and/or Parent/Guardian's signature below I confirm that I am in sound health and there is no reason why I cannot participate in this championship and/or event.

The undersigned has read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

Signature

Date

If under 18 years of age, the approval of a parent or legal guardian is required.

I, the undersigned, have read and specifically understand the above release and agree to be bound by its terms on behalf of my spouse, my child, and myself.

Signature of parent / legal guardian

Date