



OCTOBER 13, 2019

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 1, 2019

Your dojo may set its own registration deadline. However, please note that all registrations and payments must be received by CKC by TUESDAY, OCTOBER 1, 2019.

WEBSITE: <https://chicagolandkaratedo.wixsite.com/2019challenge>

ATHLETE INFORMATION

FIRST NAME _____ LAST NAME _____

2020 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. 13, 2019

WEIGHT _____ HEIGHT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

PHONE _____

DOJO NAME _____ SENSEI'S NAME _____

DIVISION:

- Beginner** – wears white belt less than 1 year martial arts experience
- Novice** – wears green belt 1-2 years martial arts experience
- Intermediate** – wears brown belt 2-4 years martial arts experience
- Advanced** – wears black belt 4+ years martial arts experience

INDIVIDUAL EVENT REGISTRATION

- \$35 **Kihon** (Basics), only for Beginners, age 12 and under
- \$45 **Individual Kata**, all divisions, age 5 and up
- \$45 **Open Flag Kata**, only for Advanced, age 15 and up
- \$45 **Individual Kumite**, all divisions, age 5 and up

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 _____

DATE _____

PARENT/GUARDIAN *If athlete is under 18 years old as of October 13, 2019.*

For Sensei/Dojo Director use: [] Payment received on _____ [] Added to spreadsheet

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 with a **non-refundable payment** (cashier's check or money order payable to "Chicagoland Karate-Do Challenge" in the total amount owed) by **October 1, 2019** to:

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

2. Download the **Dojo Roster** spreadsheet from our website and email to us by **October 1, 2019**:

chicagolandkaratedochallenge@gmail.com

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