

2011

# SAITO KARATE-DO CUP

## INDIVIDUAL REGISTRATION

### Referee's Clinic

Friday, June 17, 2011  
Del Saito's MATC  
1535 Harbeck Rd., Grants Pass, OR  
6:00 P.M.

### Competition

Saturday, June 18, 2011  
South Middle School  
350 West Harbeck Road, Grants  
Pass, OR  
9 am - 2 pm

### Kata Clinic

Sunday, June 19, 2011  
Del Saito's MATC  
1535 Harbeck Rd., Grants Pass, OR  
9:00 A.M.

Please provide all information requested below. Failure to do so may invalidate your registration.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP OR COUNTRY CODE \_\_\_\_\_

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ GENDER \_\_\_\_\_ AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_

DATE OF BIRTH (MM/DD/YY) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

DATE STARTED TRAINING (MM/YY) \_\_\_\_\_ KARATE STYLE \_\_\_\_\_

NAME OF KARATE CLUB \_\_\_\_\_ NAME OF INSTRUCTOR \_\_\_\_\_

CLUB PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ YOUR KARATE RANK \_\_\_\_\_

ASSIGNED CHAPERONE (If any) \_\_\_\_\_ PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

### CHECK EACH CATEGORY IN WHICH YOU WISH TO COMPETE

AGE (As of January 1, 2011)

**KATA**  
*OPEN*

**KOBUDO, Open**

**TEAM KATA**

**KATA**  
*SHITEI (compulsary), 16 & UP*

**KUMITE**

**BEGINNER (Less than 1 year)**

**NOVICE (1 to under 2 years)**

**INTERMEDIATE (2 to under 4 years)**

**ADVANCED (4 to under 6 years)**

**SUPER ADVANCED (6 years +)**

**NOTE:**  
Time in training  
as of January  
1, 2011.

Registration Fee: \$ \_\_\_\_\_ (\$35.00 for 1 event)  
\$ \_\_\_\_\_ (\$45.00 for all events)

Late Registration Fee: \$ \_\_\_\_\_ (add. \$10.00 if entry received after June 1, 2011)

Program Advertisement: \$ \_\_\_\_\_ (\$10.00 per advertisement received by June 1, 2011)  
Wish your athletes well in a personal encouragement ad in our official Souvenir program. Attach your ad. Please contact Director for larger ads.

Referee's Clinic - 6:00 P.M.  
(at Del Saito's MATC, 1535 Harbeck Rd, Grants Pass) \$ \_\_\_\_\_ (\$15.00 for coaches, no charge for referees or judges)

Kata Clinic taught by Soke Saito  
(Sunday, at Del Saito's MATC, 9AM) \$ \_\_\_\_\_ (\$20.00)

Total Amount Enclosed: \$ \_\_\_\_\_ (Make Checks Payable to: **Del Saito's MATC, LLC**)

Mail Entries to:  
  
Del Saito's MATC  
1535 Harbeck Road  
Grants Pass, OR 97527

•• DO NOT SEND CASH ••

PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM IN ITS ENTIRETY

## ATHLETE WAIVER/RELEASE FORM (“AGREEMENT”)

IN CONSIDERATION of being permitted to participate in any way in any Del Saito’s Martial Arts Training Center, LLC or Traditional Karate Federation International activity (“Activity”) I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and Warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2 FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“RISKS”); (b) these Risks and (dangers may be caused by my actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW: © there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Del Saito’s Martial Arts Training Center, LLC or Traditional Karate Federation International, related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each, and the Del Saito’s Martial Arts Training Center, LLC or Traditional Karate Federation International clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by the Del Saito’s Martial Arts Training Center, LLC or Traditional Karate Federation International, (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES: AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasee’s, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost as which any may incur as the result of such claim.

### Agreement to Participate

I, or we, grant to the Directors, Assistants, or assigned chaperons of this event to act as guardians/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child en route to or from or at the site of Del Saito’s Martial Arts Training Center, LLC or Traditional Karate Federation International event or hospital or other medical facility. I understand that should a health emergency arise, I will be attempted to be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

I hereby authorize the Del Saito’s Martial Arts Training Center, LLC or Traditional Karate Federation International to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participating in this Del Saito’s Martial Arts Training Center, LLC or Traditional Karate Federation International event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation in this event, nor will I receive any payment for the possible commercial use of my name or likeness.

**MINOR RELEASE:** AND I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR’S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE., DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE’S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR’S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR’S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

**Note: There shall be no refunds.**

\_\_\_\_\_  
Signature of Contestant

\_\_\_\_\_  
Signature of Parent/Guardian if athlete is a minor

\_\_\_\_\_  
Date