

**46<sup>th</sup> ANNUAL INVITATIONAL KARATE CHAMPIONSHIPS  
SEMINAR REGISTRATION FORM**

**BLACK BELT KATA SEMINAR  
FOR GENBU-KAI AND RENGO-KAI BLACK BELTS**



**Please print the following information and sign below**



**MAKE CHECKS OUT TO JKF  
NO CAMERAS OR SPECTATORS**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Country \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Age \_\_\_\_\_ Rank \_\_\_\_\_  
Dojo \_\_\_\_\_  
Instructor \_\_\_\_\_

**Black Belt Kata Seminar**

**Costa Mesa Rec Ctr Balearic Community Center  
1975 Balearic Drive, Costa Mesa, CA 92626**

**Thurs 2/23/17**

**\$60.00 per participant**

**Adult Black Belts Only, no Junior Students or lower rank Students**

**If New Register at door, please pay in cash, no checks at the door.**

**THE SEMINAR RUNS FROM 6PM TO 9PM**

**THERE IS A BLACK BELT MEETING PLANNED FOR 9 to 10 PM**

**A LIGHT MEAL IS INCLUDED WITH THE MEETING**

**PLEASE DO NOT EAT PRIOR TO ATTENDING THIS  
SEMINAR AND MEETING.**

**Fee Paid on Date: \_\_\_\_\_**

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the Shito-Ryu Karate-Do Genbu-Kai Seminar(s), and do hereby assume full responsibility for any damages, injuries or loss that I may incur, if any, while participating or attending, and I hereby waive all claims against the promoters, officials, or sponsors, or members of Genbu-Kai or the organization or City of Costa Mesa Recreation Division or Balearic Community Center or their employees, of said Karate event(s), individually or otherwise, for any claims or injuries I might sustain. I fully understand that any medical treatment given me will be of a first aid nature only. I also consent that any pictures furnished by me or taken of me in connection with these events may be used for publicity, promoting, or television showing, and I waive compensation in regard thereto.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (if student under 18) \_\_\_\_\_