Grand Master Wolf and Liz Hillesheim Present

THE 2010 LONE WOLF KARATE CHAMPIONSHIP

SATURDAY MARCH 13, 2010

Albany High School – 603 Key Route Blvd. Albany, CA 94706

Make Checks payable to W.K.K.T. & Mail to P.O. Box 20691, El Sobrante, CA 94820-0691

Register Online @ www.active.com

LAST NAME:																									
FIRST NAME:																									
ADDRESS:																									
CITY, STATE ZIP																									

TELEPHONE:_____ **DOJO NAME:**_____

BIRTH DATE:_____ **GENDER:** ____M ____ F **DOJO ADDRESS:**_____

AGE:_____ **DOJO CITY, ST. ZIP:**_____

RANK/BELT:_____**E-MAIL**_____ **DOJO PHONE/Instructor Name:**_____

WAIVER AND LIABILITY RELEASE:

In consideration of acceptance of my entry to this Karate competition, I the undersigned, for myself, executors, administrators, heirs, guardians, assignees, and next of kin, hereby release waive, discharge and covenants not to sue the event Promoters, Staff and volunteers, officials, medics, the Gold Cup Inc., Albany High School, its auxiliary organizations, Tournament Promoters included but not limited to any personnel associated with this event from ALL CLAIMS AND LIABILITIES of any kind arising out of my attendance and participation in this event. Each of the undersigned acknowledges that this event carries in nature the risk of serious injury and or property damage and loss. I hereby assume all risk and liabilities of participation in this event regardless of cause and expressly acknowledge and agree that I am fully aware of the risks and hazards in participation in this event and hereby elect to enter voluntarily. I certify that I am mentally and physically fit to participate. Furthermore, I agree to use my/minor's personal medical insurance to cover all medical payments should an injury occur. I also grant full permission to the event sponsors to use any photograph, videos or recordings for any legitimate purpose of advertisement. The undersigned also agrees that ALL FEES ARE NON-REFUNDABLE, and that the Promoter reserves the right to combine divisions.

AUTHORITY TO TREAT:

I the undersigned, give the Tournament First Aid staff the power to authorize medical or other treatment of the person named above under the "FIRST" and "LAST" NAME. If I am not the person so named, I am the Parent, guardian or the adult responsible for the person named, and I have the legal right to grant this power. Treatment may be made without regard to whether I or any other parent or guardian has been contacted or has consented to the specific treatment. I understand treatment will be limited to emergency first aid type and I will be financially responsible for any hospital or emergency care related costs. I understand that the STAFF or others may have some skills in first aid and at their discretion I authorize them to use those skills and techniques to assist in any circumstances in which they judge their skills would be necessary or helpful.

Participant's Signature:_____ **Date:**_____/_____/_____

(If under 18) Parent or Legal Guardian: (print) _____

Relationship:_____ **Signature:**_____

Short / Tall Divisions may be split in the staging area. Adults will be weighed in the staging area. Compete in the same belt/age group all year.

From the Division Chart Enter the Division LABEL for the events in which you will compete:

	1st Event	2nd Event	3rd Event	4th Event
In the boxes below enter the Division Labels from the chart…EXAMPLES→ FTK-01 or K-040 or BB-01 or SD-02 or CFM-03 or FF-02				
First Time				
Kata/Forms				
Fighting				
Continuous				
Self Defense				

Register in the Appropriate Column according to the Deadline Date that Has NOT Already PASSED
Please include the Total Amount for each Event, the Number of Spectators, and TOTAL

Received BY:	Mar. 6, 2010	No.	Amount	AFTER Mar. 6, 2010	No.	Amount	At the Door	No.	Amount
First Event	40.00 X	1 =		50.00 X	1 =		50.00 X	1 =	
Add'l Events	25.00 X	=		25.00 X	=		25.00 X	=	
Spectators	7.00 X	=		10.00 X	=		10.00 X	=	
Video Pass	15.00 X	=		25.00 X	=		25.00 X	=	
Coach Pass	15.00 X	=		25.00 X	=		25.00 X	=	
TOTAL:									

Children Under 5 – Free Admission Register On-Line @ www.active.com or mail to W.K.K.T., P.O. Box 20691, El Sobrante, CA 94820-0691

Please Note, Coach's Pass & Video Pass require a Spectator Pass in Addition to the Special On-Floor Privilege of the Coach & Video Purchase

HURRY ! PRE-REGISTRATION POST-MARKED March 6, 2010 – NO LATER !