

JAPAN KARATE-DO GENBU-KAI of PITTSBURG, KANSAS
DEMURA HA SHITO RYU

422 N. Broadway, Pittsburg, Kansas 66762 Ph. 620.232.3656/620.232.4480

2024 JKG of Pittsburg, Kansas
47th Anniversary
Karate/Kobudo/Batto Tournament & Seminar Registration Form

Name: _____
Address: _____
City, State Zip: _____
Phone #: _____
Age: _____ Rank: _____
Instructor: _____ Dojo: _____

Friday, April 26, 2024 - Pittsburg, KS dojo (Check if participating)
6:00pm-7:00 pm 7th kyu and below Kata (All ages) _____ (\$5.00)
7:15pm- 8:15pm 6th kyu and above Kata (All ages) _____ (\$5.00)
8:30pm - 9:00pm Referee/Judges Instructions _____ No charge

Saturday, April 27, 2024 - Tournament
\$40 – for one or more events (A,B,C,D) **Division #(from tournament form)**
A. Individual Karate Kata _____
B. Karate Kumite (Sparring) _____
C. Kobudo Kata (All categories) _____
D. Kobudo Kumite (Weapons sparring) _____
E. Team Kata (\$15 per team) _____
F. Batto Kata/Batto Kunitachi/Tameshigiri (\$10) _____

See tournament registration sheet for division numbers. Verify that your division #'s are correct.

Banquet – Lincoln Center (\$15/person) _____ # attending

Sunday, April 28, 2024 – Seminars (\$30 – for one or all seminars)
9:00 a.m. – 10:00 a.m. Black/Red Belt Kata (Genbu-Kai Members only) _____
10:30 a.m. – 11:30 a.m. Kobudo (nunchaku/double/tonfa) Seminar _____
12:45 p.m. – 1:30 p.m. Karate Bunkai _____
1:45 p.m. - 2:45 p.m. Batto Seminar _____

Payment must be accompanied by registration forms/liability release forms. Cash and checks accepted. Make all checks payable to: **JKG-Pittsburg**

TOTAL Amount Due: \$ _____

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the Japan Karate-Do Genbu-Kai of Pittsburg, Kansas Seminars and Tournament, 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 or sponsors or St. Mary's Colgan School of said karate event, 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 display, and I waive compensation in regard thereto.

Participants Signature Date

Parents/Guardian Signature if Participant is under 18 years of age Date