

SELECTION FORM ATHLETE NUMBER: \_\_\_\_\_

**CHAMPION OF CHAMPIONS CATEGORY series**

**BATTLE OF GUJARAT**

ORGANISED BY: INTERNATIONAL WADO KARATE DO FEDERATION INDIA

SANCTIONED BY: Thailand Karate Federation

SUPPORTED BY: BARODA HIGH SCHOOL (ALKAPURI)



**LAST DATE SUBMISSION: 14<sup>th</sup> AUGUST 2013 (strictly)**

**Individual Registration Form**

Name (in block letters): .....

Sex: ..... Age: ..... Weight: .....

Date of Birth: .....

Country: .....

INSTRUCTOR: .....

Dojo / Organization: .....

Address: .....

Tel No. .... E-mail: .....

School: .....

I would like to enter **INDIVIDUAL EVENT: KUMITE**   
**CONSENT / INDEMNITY FORM**

I \_\_\_\_\_ am aware that Karate is a contact sport and that injuries may occur in the course of participation. I am also aware that the term "Injuries" includes injuries of every description including temporary disablement, permanent disablement as also loss of life.

I authorize and consent to being rendered all medical treatment, in case of any injury / accident during journey / travel/ competition / stay by INTERNATIONAL WADO KARATE FEDERATION and those associated with it. I agree to reimburse the cost of such medical treatment and any other incidental expenses so incurred.

I state that I am participating in the above championship at my risk and responsibility as to the cost consequences and that I have read and understood the aforesaid any I have signed this Consent Form of my own free will. Entry fees Rs 500/- .

\_\_\_\_\_  
Signature of the Athlete  
Below 18 guardian Signature  
Date:    /    /2013.

\_\_\_\_\_  
Signature Coach / Instructor