

26th Annual USA Wado-Ryu  
**WINTER JUNIOR DOJO  
TOURNAMENT**  
**SUNDAY, DECEMBER 3RD, 2017**  
9:30 a.m. - 12:00 p.m.



**at MAIN DOJO in LAGUNA NIGUEL AND  
WINTER POTLUCK PARTY**  
**After the tournament, 12 p.m. to 2:00 p.m.**  
**\*Please bring your favorite dish for potluck**

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Please return this portion to Sensei no later than Wednesday, NOV 29.

Student's Name \_\_\_\_\_ Attending: Adults \_\_\_\_ Children \_\_\_\_

Please prepare a dish for at least 12 people. Let us know what you'll be bringing so we can plan to have any "holes" in the potluck menu covered. Thank you! Drinks will be prepared by Sensei.

Main Dish / Side Dish / Dessert \_\_\_\_\_

# 26<sup>TH</sup> ANNUAL USA WADO-RYU JUNIOR DOJO TOURNAMENT

## WHEN

Sunday, December 3, 2017  
Tournament 9:30am – 12:00pm  
Potluck Party 12:10pm – 2:00pm

## WHERE

USA Wado Ryu Main Dojo  
27601 Forbes Road, #41,  
Laguna Niguel, CA 92677

## REGISTRATION

Entry Fee: \$30 per participant

**\* Please submit your registration from by November 29! \***

## DIVISIONS

SIZE	RANK	EVENT NUMBER	
		KIHON/KATA	KUMITE
SMALL	BEGINNER / NOVICE	1	2
	INTERMEDIATE / ADVANCED	3	4
MEDIUM	BEGINNER / NOVICE	5	6
	INTERMEDIATE / ADVANCED	7	8
LARGE	BEGINNER / NOVICE	9	10
	INTERMEDIATE / ADVANCED	11	12
	BLACK BELT	13	14

Beginner                      Less than 1 year of training  
Novice                         1-2 years of training  
Intermediate                 2-3 years of training  
Advanced                      Brown

\* Divisions with 3 or less competitors will be combined into next higher division

\* Mouthpiece, gloves and athlete's cup (for boys) are required for kumite

## 26<sup>TH</sup> ANNUAL USA WADO-RYU JUNIOR TOURNAMENT FORM

### DISCLAIMER:

I, the undersigned, do hereby voluntarily submit my application for attendance & participation in the 26th ANNUAL USA WADO-RYU JUNIOR DOJO TOURNAMENT, on June 25, 2017 and do hereby assume full responsibility for any damages, injuries or losses that I may incur, if any, while participating or attending, and I hereby waive all claims against the promoters or sponsors of said Karate Tournament, individually or otherwise, for any claims or injuries I might sustain. I fully understand that any medical treatment given to me will be of a first-aid nature only. I also consent that any pictures taken of me in connection with the Karate Tournament may be used for publicity, promotion or television showing, and I waive compensation in regard thereto.

Contestant Name: \_\_\_\_\_ Event #: KATA \_\_\_\_ KUMITE \_\_\_\_

Belt color & Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Method: Cash / Check / Credit Card