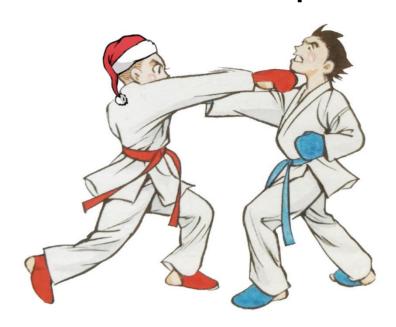
### 26th Annual USA Wado-Ryu

# 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 p	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	WHERE
Sunday, December 3, 2017	USA Wado Ryu Main Dojo
Tournament 9:30am – 12:00pm	27601 Forbes Road, #41,
Potluck Party 12:10pm – 2:00pm	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 BEG	BEGINNER / NOVICE	1	2
	INTERMEDIATE / ADVANCED	3	4
MEDIUM	BEGINNER / NOVICE	5	6
	INTERMEDIATE / ADVANCED	7	8
LARGE	BEGINNER / NOVICE	9	10
INTE	INTERMEDIATE / ADVANCED	11	12
	BLACK BELT	13	14

Beginner

Novice

1-2 years of training

Novice

1-2 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

### 26TH 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