



WAKO North American Open Championship Athlete Registration

Athlete Name: _____ (first) _____ (last)

Address: _____
 # Street City Province/State Zip Code

Email: _____ Phone: (_____) _____ - _____

Club: _____ Coach Name: _____

ACKNOWLEDGEMENT OF MEMBERSHIP REQUIREMENTS

I, the undersigned, acknowledge that my membership requires that I understand and adhere to the rules, regulations and policies of the Council of Amateur Sport Kickboxing. Failure to do so will result in my removal from specific activities and/or from membership. I give permission for any image of myself, taken by officers/staff/volunteers of the Council of Amateur Sport Kickboxing at approved events, to be used for promotions and publications of the organization in accordance with the Council of Amateur Sport Kickboxing's Privacy Policy.

ACKNOWLEDGEMENT OF RISKS

I, the undersigned, acknowledge and recognize the following aspects as relates to my participation in any and all events related to the activities of the Council of Amateur Sport Kickboxing; I am familiar with and accept that there is always the risk of serious injury and death resulting from participation in any organized recreational activity, including the demonstrations, competitions and like activities offered as part of the program of the Council of Amateur Sport Kickboxing; I understand that all applicable rules of safety regarding my participation must be followed; I will immediately remove myself from participation, and notify the nearest official if at any time I sense or observe any unusual hazard or unsafe condition or if I experience any problems in my physical, emotional or mental fitness, or that of my equipment.

Signature

Date

	<input checked="" type="checkbox"/> Check Applicable Item for Age Category, Classification, Discipline. Write in weight in Kgs					
Age Category	Junior A (Ages 10-12)		Junior B (Ages 13-15)		Intermediate (Ages 16-18)	Senior (Ages 19 >)
Classification	Novice (0-9 Bouts)			Open (10+ Bouts)		
Discipline	K1		Low Kick		Full Contact	Light Contact
						Kick Light

Weight in KGs _____
 WAKO Division _____

For information on the 2014 WAKO North American Championship:
 Please contact our Office at:

nhq@kickboxingcanada.org
 (905) 681-9815

Athletes must be members of their WAKO National Federations

Deadline to Submit Registration Form:

Friday April 4th 2014

This is a strict deadline.
 No international athletes will be accepted after this date.



International Federation

BUREAU NATIONAL / NATIONAL OFFICE

5008 South Service Road, Burlington, Ontario, CANADA, L7L 5Y7
 Phone: 905-681-9815 - Email: nhq@kickboxingcanada.org



National Office