

**41st ANNUAL  
ISKF/US NATIONAL CHAMPIONSHIPS**



**Registration for  
Non-US Individuals**

**November 15-17, 2019**

**Hosted by ISKF Pacific Division**

**The Orleans**

**LAS VEGAS**

**NEVADA**



## General Information

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*What* 2019 ISKF/US National Karate Tournament  
US/Canada Goodwill Tournament

*When* November 15-17, 2019

*Who* This registration packet is for individuals who are not associated with a US Region. US individuals must register through their regions, even if they are not competing.

*Note on Exams* Non-US individuals who wish to take an exam must clear it with their region/country director and then contact [info@iskfusnationals.com](mailto:info@iskfusnationals.com) for information and arrangements.

*Hosted By* ISKF Pacific Division  
Mountain States, Northwest, Southwest, Alaska, Hawaii

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*Tournament Venue/Hotel* The Orleans  
4500 West Tropicana Ave., Las Vegas, NV 89103  
(702) 365-7111

*Please stay at the tournament hotel so we meet our room commitment!*

*ISKF Group Rate*

	<b>Wed 11/13</b>	<b>Thur 11/14</b>	<b>Fri 11/15</b>	<b>Sat 11/16</b>	<b>Sun 11/17</b>	<b>Mon 11/18</b>	<b>Tues 11/19</b>
Room Rate	\$45	\$45	\$104	\$104	\$45	\$45	\$45
Resort Fee	\$20.99	\$20.99	\$20.99	\$20.99	\$20.99	\$20.99	\$20.99

*Hotel Reservations* Deadline for reservations is **October 14, 2019**.

Book online at <http://www.orleanscasino.com/groups> or call the Reservations Dept. at (800) 675-3267. Use our assigned Reservation ID: **A9SKC**.

*Airport Transportation* We recommend taking Uber or Lyft from the airport.

*Parking* Plentiful free parking

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*Event Website* <http://iskfusnationals.com>

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*Registration Deadline* September 27, 2019

*Checks Payable to* ISKF 2019 Nationals

*Mail all materials to* ISKF 2019 Nationals, P.O. Box 271730, Fort Collins, CO 80527

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*Event Contact* [info@iskfusnationals.com](mailto:info@iskfusnationals.com)

*Registration Contact* [registration@iskfusnationals.com](mailto:registration@iskfusnationals.com)

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## Schedule of Events

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All events will take place at The Orleans. Refer to the hotel reader board for event room locations.

### Thursday, November 14, 2019

6 pm – 9 pm Check-in for all participants

### Friday, November 15, 2019

10 am – 9 pm Check-in for all participants

8 am – 9 am NCKA Board of Directors Meeting

9:30 am – 11 am ISKF/US Directors and Governors Meeting

11:30 am – 12:30 pm ISKF/US Directors and Governors Luncheon

1 pm – 2 pm Judges Clinic & Meeting

2 pm – 3:30 pm Judge's Examinations (written & practical),  
Instructor/Examiner Re-Exam Written Examinations

3:30 pm – 5:30 pm Dan Examinations,  
Instructor/Examiner Re-Exam Practical Examinations

6 pm – 7:30 pm Training Seminar Classes 1-4

7:45 pm – 9:15 pm Training Seminar Classes 5-8

### Saturday, November 16, 2019

7 am – 8 am Late check-in for participants

8 am Doors Open

9 am Competition, Eliminations and Finals

Youth

Collegiate Beginners & Intermediates

Collegiate Team

Adult 18-44 Intermediates & Brown Belts

Competition Eliminations

Collegiate Advanced

Adult 45+ Advanced Individual

Adult 45+ Team

Adult 18-44 Black Belts Individual & Team



## Schedule of Events

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All events will take place at the Orleans. Refer to the hotel reader board for event room locations.

### Sunday, November 17, 2019

*11 am* Doors Open

*noon* Opening Ceremony

Introduction of Honored Guests and Officials

Contestant's Oath

ISKF National Collegiate Final Events

Women	Kata and Kumite
Men	Kata and Kumite

ISKF National Adult 45+ Final Events

Women	Kata and Kumite
Men	Kata and Kumite
Team Kata	3 Finalists

Demonstration

ISKF National Adult 18-44 Final Events

Women	Individual Kata and Kumite
Men	Individual Kata and Kumite
Team Kata	Women: 3 Finalists
	Men: 3 Finalists
Team Kumite	Women: 2 Finalists
	Men: 2 Finalists

Demonstration

US/Canada Goodwill Tournament

*5 pm* Closing Ceremonies

*7 pm* Cash Bar, Banquet, Entertainment



## Timeline & Deadlines

<i>Friday, Sept. 13, 2019</i> <i>Program Submissions Due</i>	Make checks payable to <i>ISKF 2019 Nationals</i> and mail to ISKF 2019 Nationals, P.O. Box 271730, Fort Collins, CO 80527 or electronic submission: <a href="mailto:registration@iskfusnationals.com">registration@iskfusnationals.com</a> <input type="checkbox"/> Program Advertising Form & payment <input type="checkbox"/> Ad artwork high-resolution print-ready digital file
<i>Friday, Sept. 27, 2019</i> <i>All Paperwork &amp; Fees Due</i>	Make checks payable to <i>ISKF 2019 Nationals</i> and mail to ISKF 2019 Nationals, P.O. Box 271730, Fort Collins, CO 80527 <input type="checkbox"/> Participation form <input type="checkbox"/> Participant Medical Questionnaire <input type="checkbox"/> Participant Waiver/Release Agreement <input type="checkbox"/> Payment

*Absolutely no registrations postmarked after **October 4<sup>th</sup>, 2019** will be accepted.*

*Monday, Oct. 14, 2019* Cut-off date for hotel reservations. *Please stay at the tournament hotel to help us meet our room commitment!*

## Fees and Admission Prices

<i>Training Seminars</i>	All Ranks	\$25	per seminar
<i>Tournament Spectator Admission</i>	Saturday Only	\$5	per person
<i>Banquet</i>	Sunday 7pm	\$70	per adult
		\$35	Children 4-10
<i>T-Shirts</i>	Pre-Order	\$25	

## T-Shirt Sizing Charts

All sizes below indicate diameter in inches.

### ADULT UNISEX SIZE CHART

	XS	S	M	L	XL	2XL	3XL
CHEST	32-34	35-37	38-40	41-43	44-46	47-49	50-53

### ADULT WOMEN'S SIZE CHART

	XS	S	M	L	XL	2XL	3XL
SIZE	2	4/6	8/10	12/14	16/18	20/22	24/26
BUST	32-34	35-36	37-38	39-41	42-44	45-47	48-51

### YOUTH SIZE CHART

	XS	S	M	L
SIZE	4/5	6/8	10/12	14/16
CHEST	22-24	25-27	28-30	30-32



## Non-US Participation Form

Please check off and fill in all applicable sections on this form. Make checks payable to *ISKF 2019 Nationals*. Forms and payment must be mailed by September 27, 2019 to:  
 ISKF 2019 Nationals, P.O. Box 271730, Fort Collins, CO 80527

Name \_\_\_\_\_

Kyu/Dan Rank \_\_\_\_\_

Dojo/Region/Country \_\_\_\_\_

### CHECK

#### JUDGING

Judges wear gis on Saturday, and uniforms on Sunday. Don't forget your whistle!

JUDGE'S RANK	CERTIFICATION #
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#### TRAINING SEMINARS

Register for one or more seminars by filling in the Class #(s) below. All seminars are Friday Nov. 15, 2019. The presentation is free; all other seminars cost \$25 each. All students attending one of the training seminars must include the Medical Questionnaire and Waiver/Release Agreement.

Class #	6:00 pm – 7:30 pm	Room	Class #	7:45 pm – 9:15 pm	Room
1	Black Belts	J	5	Instructor Training #9	J
2	Instructor Training #10	K	6	Collegiate	K
3	Youth	L	7	Free Presentation	L
4	Color Belts	M	8	Brown Belts	M

CLASS #	CLASS #	AMOUNT (\$25/CLASS) \$
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#### BANQUET

The banquet is at the Orleans at 7pm on Sunday, Nov. 17<sup>th</sup>. There will be a cash bar.

QTY (ADULT)	QTY (CHILD)	AMOUNT (\$70 – ADULT, \$35 – CHILD) \$
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#### T-SHIRTS

Available in unisex (U), women's (W) and youth (Y) sizes. See earlier page for sizing charts.

SIZE (XS-3XL)	TYPE: <input type="checkbox"/> U <input type="checkbox"/> W <input type="checkbox"/> Y	QTY	AMOUNT \$
SIZE (XS-3XL)	TYPE: <input type="checkbox"/> U <input type="checkbox"/> W <input type="checkbox"/> Y	QTY	AMOUNT \$
SIZE (XS-3XL)	TYPE: <input type="checkbox"/> U <input type="checkbox"/> W <input type="checkbox"/> Y	QTY	AMOUNT \$

TOTAL ENCLOSED

TOTAL ENCLOSED \$



## Medical Questionnaire

All students competing, taking an exam or participating in a clinic must fill out, sign, and submit this medical questionnaire.

PLEASE TYPE OR PRINT LEGIBLY

*Name*

*Date of Birth*

*Gender*  F  M

*Region/Country*

**EMERGENCY CONTACT**

This person must be reachable during the event.

*Name*

*Best Contact Phone Number*

*Relationship*

### MEDICAL INFORMATION

*Medical Conditions*

*Medications*  
*(include over-the-counter)*

*Allergies*

I understand that it is my responsibility to determine whether my or my child's medical condition should preclude participation in the event. I agree that the above information may be released to emergency medical personnel at the event and to any medical facility to which I or my child is transported for treatment.

*Print Name*

*Date*

*Sign Name*

*Parent/Guardian*

I am the parent or legal guardian of the minor \_\_\_\_\_  
and am signing on behalf of said minor.

*Parent Name*

*Date*

*Parent Signature*



## Waiver/Release Agreement

All students competing, taking an exam or participating in a clinic must sign and submit this waiver/release.

*Event* 2019 International Shotokan Karate Federation National Karate Championships and associated events; The Orleans, Las Vegas, NV, Nov. 15-17, 2019.

I understand that there are risks and dangers inherent in participating and/or receiving instruction at the Dan & Judges exams, Clinics and the tournament (all of which will herein be referred to as the EVENT). I also understand that in order to participate and/or receive instruction at the EVENT, I must give up my rights to hold The Orleans, International Shotokan Karate Federation (ISKF), the ISKF Pacific Division, and any and all regions, clubs, schools, instructors, members, judges, officials and representatives (collectively the “Releases”) liable for any injury or damage which I may suffer while participating and/or receiving instruction at the EVENT.

Knowing this, and in consideration of being permitted to participate and/or receive instruction at the EVENT, I hereby voluntarily release the Releases, and each of them, from any and all liability resulting from or arising out of my participation and/or receipt of instruction at the EVENT.

I understand and agree that I am releasing not only the entities and individuals set forth in the paragraph above, but also the officers, agents, principals, partners, shareholders, directors and employees of those entities or individuals.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction at the EVENT.

I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction at the EVENT. I expressly acknowledge and assume any and all risks that my participation in the EVENT may subject me to personal injury or bodily harm.

I understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian ad litem for said children.

I understand and agree that by signing this Waiver/Release, I am agreeing to release, indemnify and hold the above-named individuals or entities and their officers, agents, principals, partners, shareholders, directors and employees harmless from any and all liability or costs, including attorney fees, associated with or arising from my participating and/or receipt of instruction at the EVENT. Any damage to the hotel or the tournament site that I cause are my full responsibility. Said damages are not the responsibility of the ISKF or the ISKF Pacific Division.

I understand that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor, as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Waiver/Release agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction at the EVENT.

*Print Name*

*Date*

*Sign Name*

*Parent/Guardian Release*

I am the parent or legal guardian of the minor \_\_\_\_\_  
and am signing this Waiver/Release on behalf of said minor.

*Parent Name*

*Date*

*Parent Signature*








## Program Advertising Form

### SPECIFICATIONS

- 300 dpi
- CMYK or grayscale
- Fonts embedded
- Preferred format: PDF, saved as “high-quality print” or “press-quality”
- Business cards acceptable
- Only cover ads may be in color; all other ads are black & white
- Ads submitted in color may be converted to black & white

$7\frac{1}{2}'' \times 10''$ FULL PAGE <hr/> OUTSIDE BACK COVER \$ 600 <hr/> INSIDE FRONT/BACK COVER \$ 500 <hr/> FULL INSIDE PAGE \$ 350	$7\frac{1}{2}'' \times 5''$ HALF PAGE \$ 180				
	<table border="1"> <tr> <td style="text-align: center;"> <math>3\frac{3}{4}'' \times 5''</math>            QUARTER PAGE            \$ 100         </td> <td style="text-align: center;"> <math>3\frac{3}{4}'' \times 2\frac{1}{2}''</math>  <math>\frac{1}{8}</math> PAGE            \$ 75         </td> </tr> <tr> <td></td> <td style="text-align: center;">  </td> </tr> </table>	$3\frac{3}{4}'' \times 5''$ QUARTER PAGE \$ 100	$3\frac{3}{4}'' \times 2\frac{1}{2}''$ $\frac{1}{8}$ PAGE \$ 75		
$3\frac{3}{4}'' \times 5''$ QUARTER PAGE \$ 100	$3\frac{3}{4}'' \times 2\frac{1}{2}''$ $\frac{1}{8}$ PAGE \$ 75				
					

PLEASE TYPE OR PRINT LEGIBLY

*Company Name*

*Company Address*

*City*

*State*

*Zip*

*Telephone*

*Email*

*Company Representative*

*Signature*

*Date*

*Please check one*

\$600 Outside back cover (may be in color)

\$500 Inside front/back cover (may be in color)

\$350 Full inside page (black & white only)

\$180 Half page (black & white only)

\$100 Quarter page (black & white only)

\$75 Eighth page (black & white only)

*Total amount due*

\$

**Must be submitted by  
Friday, Sept. 13, 2019**

Send this form & artwork, along with payment (payable to *ISKF 2019 Nationals*) to:

ISKF 2019 Nationals, P.O. Box 271730, Fort Collins, CO 80527 or electronic submission: [registration@iskfusnationals.com](mailto:registration@iskfusnationals.com)