

2018 CANADIAN NATIONAL CHAMPIONSHIP – MAY 12-13

RING SPORT KICKBOXING – SENIOR Athletes (19-39)

*** Make additional copies of registration form if needed.

Club: _____

Coach(es): _____

Indicate the total number of bouts each athlete has had in their experience category

Indicate 1st, 2nd and 3rd choice (if applicable)

N	Last Name	First Name	WAKO Passport Code <small>(DO NOT enter any athlete if you do not have this code. Only athletes that provide their 2018 code at the time of registration will be entered)</small>	M	F	Date of Birth (D/M/Y)	NOV 0-10 bouts	OPEN 11+ bouts	Weight Division (see below)	K1 (K1 Rules)	FC (Full Contact)	LK (Low Kick)
1												
2												
3												
4												
5												

WAKO PASSPORT STICKER MUST BE ENTERED ABOVE TO REGISTER:



ALL SECTIONS ABOVE MUST BE COMPLETED AND ACCURATE.

I wish to pay by VISA _____ Master Card _____ (check one)

Card #: _____

Expiry Date: _____ / _____

Name on Card: _____ first _____ last

Amount authorized to charge - # Athletes _____ x \$100 / \$125 / \$150 = \$ _____
(Circle appropriate fee)

I agree to the following - Athletes will be moved to another division, discipline or category if a division is not available in their registered choice. Novice and Open class athletes maybe combined due to low numbers. Club owners will be notified of any changed divisions. Refunds are only provided if the Club owner declines the change by email within 3 days of the draft drawings being send. Refunds will also be provided if no bout is available. No refunds are provided for an athlete that withdraws for any reason.

_____: Signature _____: Date

Divisions:

Females: Under 48; 52; 56; 60; 65; 70; Over 70kg

Males: Under 57; 60; 63.5; 67; 71; 75; 81; 86; 91; Above 91 kg

2018 WAKO Member Club Registration Fee and Confirmation

Early Bird Deadline Register by noon Friday March 9th \$100 per athlete/per division

Regular Deadline Register by noon Friday April 6th \$125 per athlete/per division

Late Deadline Register by noon Friday April 27th \$150 per athlete/per division

NO REGISTRATIONS ACCEPTED AFTER Friday April 27th at Noon (12pm)

Club Owner: I have reviewed this athlete's registration and all information is correct:

_____: Signature _____: Date

Please complete form accurately and email to nhq@kickboxingcanada.org or **mail** with a certified check or money order to:
Council of Amateur Sport Kickboxing - 5008 South Service Road, Burlington, Ontario, L7L 5Y7