



**P.O.P WADO KAI**  
**TOURNAMENT ENTRY FORM**  
**October 18, 2025**



NAME:

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ADDRESS: ----- CLUB:

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SEX: M / F DOB: M\_\_\_\_D\_\_\_\_Y\_\_\_\_ AGE: \_\_\_\_\_ RANK:

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INSTRUCTOR: ----- PASSPORT  
#: -----

Events: KYU BELT KATA ☐ BLACK BELT KATA ☐  
KYU BELT KUMITE ☐ BLACK BELT KUMITE ☐  
JUDGING ONLY ☐

**REGISTRATION: \$ 30.00**

**FAMILY RATE: \$65.00**

Forms must be returned by **Wednesday October 15th**, directly to  
[popwadokai@gmail.com](mailto:popwadokai@gmail.com) **ETRANSFER** to [mcamirand4@gmail.com](mailto:mcamirand4@gmail.com)

**TOURNAMENT WILL BE HELD AT École catholique intermédiaire Sacre-Coeur Gymnasium,**  
**560 Dieppe Street DOORS OPEN AT 9:00 A.M. BLACK BELT MEETING 9:30 A.M.**  
**COMPETITION STARTS AT 10:00 A.M. SHARP**  
**REFRESHMENTS WILL BE AVAILABLE FOR PURCHASE**

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Insurance Verification – CIRCLE ONE:

- 1) I am a member of the SWKKF
- 2) I belong to another organization and have insurance with that organization  
(Please have your sensei provide proof of insurance)
- 3) I require insurance

I, the undersigned understand the liabilities associated with competition in SWKKF karate tournaments and do hereby waive all claims against organizers of P.O.P Wado Kai Tournament for any injuries sustained during my participation in the above described event.

**DATE:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:**

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**IF UNDER THE AGE OF 16, SIGNATURE OF PARENT OF GUARDIAN:**

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