

ISKF CANADA

Fédération Internationale de Karaté Shotokan du Canada

**National Gasshuku &
42th ISKF Canadian
National Tournament
15 au 18 Mai, 2025**

ISKF National Gasshuku

Hôtel Pur

395 Rue de la Couronne, Québec

ISKF National Championship

College Saint Charles Garnier

1150, boulevard René-Lévesque Ouest, Québec

Sanctionné par:

ISKF Canada

International Shotokan Karate Federation

Shihan Hioriyoshi Okazaki 9° dan / Chef instructeur ISKF

Représentants officiels ISKF Canada

Sensei David Jones 8° dan / Chairman Comité Technique ISKF & Chef Instructeur Alberta

Sensei Tony Tam 8° dan / Membre Comité Technique ISKF & Chef Instructeur Nouvelle Écosse

Sensei Denis Houde 7° dan / Membre Comité Technique ISKF & Chef Instructeur Québec,

**Registration Deadline May 9th
Cheques payables to : QUEBEC ISKF
info@quebeciskf.com**

Individual Registration Form

Personal Information

Name:		Date of Birth (MM/DD/YY)	
Dojo:		Age on May 18	
Prov / Region:		Sex (F/M)	
Email:		Rank (Belt Level)	

Seminars, Judges and Banquet

Training Seminars (3 or 4 classes: \$80)	\$
Training Seminars (2 classes: \$55)	\$
Training Seminars (1 class only \$30)	\$
Judges Clinic (\$30)	\$
Banquet (\$100 per ticket) Max 115	\$
Total: \$	

ISKF National Tournament

Belt Level	Ages	Kata	Ippon Kumite	Jiyu-Ippon Kumite	Jiyu Kumite
White to Orange Belts	11 and under				
	12 – 14				
	15 – 17				
	18+				
Green to Purple Belts	11 and under				
	12 – 14				
	15 – 17				
	18+				
Brown to Black Belts	11 and under				
	12 – 14				
	15 – 17				
	18 – 21				
	22 – 44				
	45 – 54				
	55+				
Tournament fee for individual events is \$50					Total: \$

TOTAL AMOUNT ENCLOSED:	\$
-------------------------------	-----------

Registration Deadline May 9th
Cheques payables to : QUEBEC ISKF
info@quebeciskf.com

Team Event Registration Form

Team Kata

	Name	Age	F / M	Rank
1.				
2.				
3.				
Tournament fee per team is \$75				Total: \$

Team Kata

	Name	Age	F / M	Rank
1.				
2.				
3.				
Tournament fee per team is \$75				Total: \$

Team Kata

	Name	Age	F / M	Rank
1.				
2.				
3.				
Tournament fee per team is \$75				Total: \$

Team Kumite

	Name	Age	F / M	Rank
1.				
2.				
3.				
Alt				
Tournament fee per team is \$75				Total: \$

Team Kumite

	Name	Age	F / M	Rank
1.				
2.				
3.				
Alt				
Tournament fee per team is \$75				Total: \$

Registration Deadline May 9th
Cheques payables to : QUEBEC ISKF
info@quebeciskf.com

Waiver/Release Agreement for All Participants

"Event" means the events and activities associated with the 2025 ISKF Canada National Gashuku & Tournament to be held on May 15-18, 2025, at Quebec City, Quebec, including without limitation, the competitions, training seminars, exams, banquet or any other event or activity associated therewith.

I, the undersigned, am aware that there are risks and dangers inherent in participating at the Event. In consideration of being permitted to participate in the Event, I hereby release and waive any claims against Quebec International Shotokan Karate Federation, International Shotokan Karate Federation of Canada, and International Shotokan Karate Federation (collectively "ISKF") and any and instructors, members, judges, officials, officers, directors, volunteers and representatives relating thereto, hereinafter referred to together with the ISKF, collectively the "Releasees", for any injury, loss, harm or damage which I may suffer, sustain or incur arising out of or in consequence as a result of participating at the Event, in any manner, including travel to and from the Event.

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions, those causes of action that I may have or have had, whether past, present or future, whether now known or unknown and whether anticipated or unanticipated by me, arising out of my participation at the Event. This Release shall be binding upon me, my heirs, successors, administrators, assigns and legal representatives and shall continue to benefit the Releasees and survive the completion of the Event.

I assume full responsibility for any and all risk of death or personal injury or property damage, which I may suffer while participating in the Event. I expressly acknowledge and assume any and all risk that my participation in the Event may subject me to personal injury and bodily harm.

I confirm that I have no past or present medical condition, injury or other physical or mental restriction which may cause or contribute to personal injury or property damage while participating in the Event and if in case I have such a condition, I agree to forthwith notify the Releasees, as the case may be, and withdraw from the Event. Notwithstanding any disclosure of any health condition, I am in proper physical condition to participate in the Event.

I hereby grant to ISKF the permission to use and publish photographs or video images of me (the "Images") for any purpose authorized by any ISKF entity, including but not limited to the publication on internet websites, publications, promotional material and advertising use. I waive any copyright that I might have in the Images in perpetuity, as well as any right to royalties or other compensation arising out of the use of the Images. I waive any other rights or causes of action or claims of any kind for misappropriation of personality or breach of privacy.

I further agree by signing this Release, I shall indemnify and hold any of the Releasees harmless from any and all liability or costs, including legal fees, associated with or arising from my participation at the Event. I understand that if I am signing this Release on behalf of a minor child, 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 Release and that I understand the words and language in it. I sign this Release freely and voluntarily.

NAME (PRINT)

DATE

SIGNATURE

WITNESS

Parent/Guardian Release: I am the parent or legal guardian of the minor _____ and I am signing this waiver/release on behalf of the said minor.

NAME OF PARENT OR GUARDIAN (PRINT)

DATE

SIGNATURE

Registration Deadline May 9th
Cheques payables to : QUEBEC ISKF
info@quebeciskf.com

Medical Questionnaire

Name: _____ Age _____ Gender _____

Rank _____

Address: _____

Club: _____ Province: _____

Do you have a history of any of the following conditions?
Please check all that apply to you. If you answer yes to any, please explain:

Yes	No	
_____	_____	Heart murmur _____
_____	_____	Hypertension _____
_____	_____	Recent infection _____
_____	_____	Bone fracture in the past six months _____
_____	_____	Concussion or severe head injury in the past six months _____
_____	_____	Seizures _____
_____	_____	Eye injury _____
_____	_____	Severe bone bruises requiring padding _____
_____	_____	Kidney injury _____
_____	_____	Allergy to medication or food (list all): _____
_____	_____	Other: _____

I HEREBY certify that the above information is true and correct to the best of my knowledge and belief and that there are no impairment, limitation, restriction or thing that would affect my ability to participate at any event associated with the 2025 ISKF Canada National Gashhuku & Tournament including and without limitation, the competition, training seminars, exams, banquet or any other event. Notwithstanding any disclosure of any health condition noted above, I state that I am in proper physical condition to participate in the practice of karate and is aware that participation could result in physical injury and voluntarily accepts such risks.

Signature (Parent or Guardian if under 19 years of age) Date _____

**** Competitors: Bring your provincial medical number or card with you to the tournament.****

Registration Deadline May 9th
Cheques payables to : QUEBEC ISKF
info@quebeciskf.com

Judge's registration for tournament

Give this listing to Sensei Jones

Name _____ **Prov** _____ **Dan** _____ **Judge level B-C-D**

Registration Deadline May 9th
Cheques payables to : QUEBEC ISKF
info@quebeciskf.com