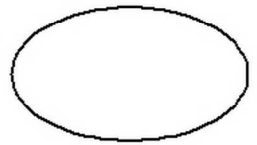




REGISTRATION FORM

FOR OFFICE USE ONLY
COMPETITOR NUMBER



_____ \$50.00
_____ \$40.00 Preregistration Only
_____ Adult Black Belt Judge

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BIRTHDATE _____ SEX _____ WEIGHT _____ AGE _____

KARATE SCHOOL _____

INSTRUCTOR'S NAME _____

KARATE SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

EMAIL ADDRESS _____

COLOR OF BELT/ RANK _____

EVENTS ENTERED: DEMO / KATA / WEAPONS / FIGHTING

Liability Waiver

**I understand that there are risks involved with Martial Arts Competition.
I understand that Safety is Mandatory - head, feet, hand, groin, mouth gard.
I am physically qualified to enter this tournament**

**I release all promoters, sponsors, administrators and participants from all
responsibilities and claims for any injuries or loss that may receive while
competing in the Jackson Lion Club Karate Tournament.**

**I hereby give my permission to the tournament administrators to have First Aid
or Emergency Treatment administered to me (or my minor child)**

SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN: _____

DATE: _____