

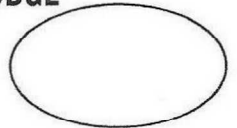


REGISTRATION FORM

FOR OFFICE USE ONLY
COMPETITOR NUMBER



_____ \$40.00
_____ ADULT BLACK BELT JUDGE
AWARD RECEIVED _____
WAITING _____



NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BIRTHDATE _____ SEX _____ WEIGHT _____ AGE _____

KARATE SCHOOL _____

INSTRUCTOR'S NAME _____

KARATE SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

E - MAIL ADDRESS _____

COLOR OF BELT/ RANK _____

EVENTS ENTER: 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 guard.

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: _____