Kicks Karate Friendship Tournament Application

Date:	Age (as of tournament (date):	Sex: M () F()
Student's Name:		Phone:			
Address:		City:			
State:	Zip:	Kicks Karate L	ocation:		
		Emergency	<u>Information</u>		
Who should we	contact in case o	of emergency?			
Name:	Phone:				
		<u>Waiver o</u>	f Liability		
that there is an i understand and any injuries, dan or persons in charactions in connections in connections.	nherent risk of agree that Kick nages, etc. not carge of such evection with this r	injury associated as Karate, Inc., its caused by or resulent, and likewise a martial arts event/	with participa owners and e ting from the ssume full res tournament.	te in this karate event. tion in this event/tour mployees will not be negligence of the own ponsibility for all my (rnament, and I held liable for ers, operators
Witness:			Date:		
		Entry	Form ge:	Belt Color: perform)	
First Break:	Stomp Kick	Hammer Fist	Axe Kick	Other:	
Second Break:	Stomp Kick	Hammer Fist	Axe Kick	Other:	
		<u>Entry</u>	Fees:		
* Гl D: ::	¢ΓΟ:6:		- l Oth (:- 1	J 1 J -)	

^{*} Early Registration: \$50 if registered by <u>Saturday</u>, <u>October 8th</u> (includes boards)

^{**} Late Registration: \$60 if registered by <u>Saturday</u>, <u>October 15th</u> (includes boards)

^{***}Absolutely no registrations will be accepted after Saturday, October 15th --- this is the deadline.