



SOUTHWEST MARTIAL ARTS OPEN REGISTRATION FORM



(Please Print)

COMPETITOR NAME: _____
(LAST) (FIRST) (M.I.)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

EMAIL: _____ @ _____ TELE: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: M / F WEIGHT: _____

BELT RANK: _____ LEVEL: BEGINNER / INTERMEDIATE / ADVANCED / BLACK BELT

SCHOOL NAME: _____

INSTRUCTOR'S NAME: _____ SCHOOL TELE: _____

ADDRESS: _____

PLEASE MAKE CHECK OR MONEY ORDER OUT TO ED BRIZZOLARA. PLEASE RETURN REGISTRATION FORM AND CHECK OR MONEY ORDER TO 200 Valdiva Street PUNTA GORDA FL.33983

*******EVENT PARTICIPATION*******

(CIRCLE EACH EVENT YOU CHOOSE TO PARTICIPATE IN)

Traditional Weapons Point Sparring Self Defense

Traditional Forms Continuous Sparring Physically Challenged

Creative Weapons Group Forms

Creative Forms Music: Forms / Weapons

Spectator & Competitor Fees: Please revert to Pre-Registration Sign Up (Under no circumstances will there be any refunds)

DAY OF TOURNAMENT CASH ONLY PLEASE!

LIABILITY WAIVER

The above named participant hereby agrees to abide by all rules set forth and accepted by Kengo C.M.A. Karate & Jujitsu LLC Rules will be supplied upon request. I agree to abide by any decision of Kengo C.M.A. Karate & Jujitsu LLC, its Directors, employees, or agents, regarding my ability to participate. I, on behalf of myself and all other persons or entities acting or entitled to act on my behalf, including by representatives, guardians, heirs and assigns, hereby release Kengo C.M.A. Karate & Jujitsu Tournament it's instructors, employees, and agents, e.g. Holy Trinity Banquet Hall from any and all claims, damages, liabilities and causes of action of any kind, whether from negligence or otherwise and hereby voluntarily and knowingly waive any such claims, damages, liabilities and causes of action, and all rights hereto, for any injury received while participating in this event. Further, I understand and acknowledge that I am solely responsible for my own medical benefits or health insurance and that neither Kengo C.M.A. Karate & Jujitsu LLC employees, and agents, and Holy Trinity Banquet Hall obligated to provide medical benefits or health insurance to me or on behalf for any injuries I may suffer as a result of participating in class or any other activity on any premises owned, leased, or used by those persons or entities for this event. Further, I understand that photographs and video tapes may be taken of me in connection with my participation in these activities and I grant full usage of my image and likeness for promotional, publicity or advertising purposes connected with Kengo C.M.A. Karate & Jujitsu LLC without any present or further claim for compensation or damages. Permission to participate in this event is conditional upon completion of this form in full and acceptance of all terms and conditions stated herein, and evidence by my signature or that of my parents, as appropriate, affixed to this form in the proper space below.

I ACCEPT: _____

By selecting the "I Accept" button, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature.

SIGNATURE OF STUDENT/PARTICIPANT: _____ DATED _____
(If Participant is under (18) years of age, parent/guardian must sign below.)

SIGNATURE OF PARENT/GUARDIAN: _____ DATED _____

***** OFFICIALS USE ONLY ***** TOTAL PAID: _____ HOW MANY EVENTS: _____ WAIVER SIGNED: _____