

Kicks Karate Friendship Tournament Application

Date: _____ Age (as of tournament date): _____ Sex: M () F ()

Student's Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Kicks Karate Location: _____

Emergency Information

Who should we contact in case of emergency?

Name: _____ Phone: _____

Waiver of Liability

I represent that I (or my child) am/is physically fit to participate in this karate event. I understand that there is an inherent risk of injury associated with participation in this event/tournament, and I understand and agree that Kicks Karate, Inc., its owners and employees will not be held liable for any injuries, damages, etc. not caused by or resulting from the negligence of the owners, operators or persons in charge of such event, and likewise assume full responsibility for all my (or my child's) actions in connection with this martial arts event/tournament.

Signature: _____ Date: _____
(Parent of guardian if under 18)

Witness: _____ Date: _____

Entry Form

Name: _____ Age: _____ Belt Color: _____

(Please circle the breaks your child will perform)

First Break: Stomp Kick Hammer Fist Side Kick Axe Kick Other: _____

Second Break: Hammer Fist Side Kick Axe Kick Jump Axe Kick Other: _____

Entry Fees:

* Early Registration: \$50 if registered by Saturday, October 8th (includes boards)

** Late Registration: \$60 if registered by Saturday, October 15th (includes boards)

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