

2019 Fall Karate Tournament Kids Challenge

Date: April 25, 2020 (9am to 1pm)

Location: Karate-Do Academy

Student's Name: _____ Age: _____

Parent's Name: _____ Phone Number: _____

Emerg Contact: _____ Phone Number: _____

DIVISIONS (choose one)

- 3 YEARS OLD - POINT/WEAPON SPARRING
- 4 YEARS OLD – POINT/WEAPON SPARRING
- 5 YEARS OLD – POINT/WEAPON SPARRING
- 6 YEARS OLD – POINT/WEAPON SPARRING

Age must be registered as of the day of the tournament, April 25th and be registered for the division that they qualify for that day. If their age will change between now and the time of tournament, please be sure to pick the appropriate division. Specific times will be assigned to each age group depending on registration numbers closer to the date.

DUE: THURSDAY APRIL 9th, 2019

COST: \$25 PER PARTICIPANT

EQUIPMENT: provided by the dojo

CASH OR CHEQUE PAYMENTS ONLY AT TIME OF REGISTRATION

I the undersigned, do hereby voluntarily submit my application for the attendance and participation and do hereby assume full responsibility for any or all damages injuries or losses that I may incur, if any, while attending and or participating in the Medicine Hat Open Martial Arts Tournament. I hereby waive all claims against the promoters or sponsors of the said tournament, individually or otherwise for any damages, injuries or losses that I may sustain or incur. I fully understand that any medical treatment given to me will be of the First Aid type only. I have read and fully understood the above waiver. (if under the age of 18 years this form must be signed by a parent, guardian, or instructor)

Parent/Guardian Signature: _____ Date: _____