

# Tournament Entry Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Present Rank: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full Name of Parent/Guardian (if under 18): \_\_\_\_\_

Will you be accompanying your child?: \_\_\_\_\_ If No then Emergency Phone #: \_\_\_\_\_

School Name: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

**CIRCLE** events you will be competing in:

Forms Point Sparring Olympic Sparring Gi Grappling No-Gi Grappling Weapons Flag Sparring (3-7 yo)

I have read, I understand, and I agree to abide by all the rules and regulations set forth above for this tournament. I understand that there is a risk of personal injury involved in this tournament and with this knowledge I agree to take full responsibility for all my actions and I agree to forever indemnify, save, and hold harmless the United Tang Soo Do Federation and Bellaire Wushu Academy, their staff, instructors, or assistants, Pak's Karate Academy, C.H.C. Services, Inc., and any of its components from any and all losses or claims caused by accident or injury to me or to any third persons who may be competitors or affiliated with any of the previously named entities in any manner, in the event that either myself or said third person is injured in any way during this event. Because of the physical demands of Martial Arts tournament competition, I understand that I must be in good physical condition to participate in this event and hereby certify by signing below that I am in good physical condition and that I do not have a medical condition that may pose a risk to myself or any other competitors during the course of this event.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if competitor is under 18): \_\_\_\_\_

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