

All Chicago Open Registration (February 19, 2012)

Name _____ M/F Date of Birth _____
 Address _____
 City/State/Zip _____
 Email _____
 Competition Age 6/30/12 _____ Rank _____
 Martial Arts School _____
 Address _____
 City/State/Zip _____
 Name of Instructor _____

Divisions:

- | | |
|---|---|
| <input type="checkbox"/> Weapons Traditional/Creative | <input type="checkbox"/> Exclusive Kenpo |
| <input type="checkbox"/> Forms Traditional | <input type="checkbox"/> Korean Kata |
| <input type="checkbox"/> Forms Creative | <input type="checkbox"/> Masters Division |
| <input type="checkbox"/> Extreme Weapons/Forms | <input type="checkbox"/> Weapons Master |
| <input type="checkbox"/> Musical Weapons/Forms | <input type="checkbox"/> Black Belt Bunkai |
| <input type="checkbox"/> Sparring | <input type="checkbox"/> Fire/Police Champ. |
| <input type="checkbox"/> Team Forms | <input type="checkbox"/> Specially Challenged |

Competitors 50 and over FREE!!

Pre-registration postmarked before 1/31/12 – NO Refunds!

All Divisions (except Team Forms) -----	\$40	= \$ _____
Spectator Passes ----- # of Adult Spectators _____ x \$8	= \$ _____	
# of Child Spectators _____ x \$5	= \$ _____	
Team Competition (\$25/team)-----	\$25	= \$ _____
Total Amount Due \$		_____

Registration postmarked after 1/31/12 and/or at the door CASH ONLY – NO Refunds!

Competitor's First Division-----	\$45	= \$ _____
Additional Divisions _____ x \$10	= \$ _____	
Spectator Passes ----- # of Adult Spectators _____ x \$12	= \$ _____	
# of Child Spectators _____ x \$5	= \$ _____	
Team Competition (\$25/team)-----	\$25	= \$ _____
Total Amount Due \$		_____

Release Form/Waiver

Please read the following and sign. All competitors under 18 must have a parent or guardian's signature.

In consideration of the directors permission and acceptance, granted to the competitor to participate in this tournament, I hereby assume all risks arising from such tournament and here-by release the directors of this tournament, the owner of the facilities, sanctioning bodies and their agents and employees demands, that I, my heirs, executors, administrators of assignees may have against all such parties, for all personal injuries known or unknown which the competitor may incur at this tournament.

I understand that sport karate/martial arts tournaments involve significant and substantial physical contact between the participants and that the competitor may sustain injuries as a result. I have read and understand this release and understand all of its items. I voluntarily execute it, with full knowledge of its significance.

Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____
 (if competitor is under 18)

Make checks payable to: Fred Richmond
 18402 So. Torrance Ave., Suite 11
 Lansing, IL 60438

Contact Information: Fred Richmond (708) 291-0323 kobudokid@sbcglobal.net
 Check out our website for additional information: www.usdtka.com