



Master Khechen's
MARTIAL ARTS
 and Fitness Academy

Spring Inter-School Tournament Registration Form

Date: Saturday February 18th, 2012

Location: Maryvale High School

Name: _____

Rank: _____ Age: _____ Height: _____ Weight: _____

Address: _____ Phone: _____

City: _____ State/Province: _____ Zip: _____

Location / Instructor: _____

Athletic Release

I AFFIRM THAT I AM AWARE OF MY PHYSICAL CONDITION, AND THAT I AM VOLUNTARILY PARTICIPATING IN THE COMPETITION. I AM ALSO AWARE THAT PARTICIPATION MAY RESULT IN POSSIBLE INJURY AS A RESULT OF THE NATURE OF THE SPORT. I ALSO AGREE TO ANY MEDICAL ATTENTION NEEDED FOR MY CHILD OR MYSELF. I HEREBY WAIVE FOR MYSELF AND MY HEIRS, AND ASSIGNS, ANY AND ALL CLAIMS FOR INJURY OR DAMAGES WHICH MAY OCCUR BY VIRTUE OF MY COMPETING IN THIS COMPETITION AS AGAINST THE TOURNAMENT DIRECTORS, MASTER KHECHEN'S MARTIAL ARTS AND FITNESS ACADEMY, IT'S INSTRUCTORS AND STAFF OR ANY ENTITIES INVOLVED WITH ORGANIZING THIS COMPETITION.

 Signature of competitor

 Signature of Parent/Guardian if under 18 yrs. of age

IT IS UNDERSTOOD AND AGREED THAT THE DECISIONS OF THE TOURNAMENT DIRECTOR WITH REGARD TO AGE, WEIGHT, AND RANK CLASSIFICATION ARE FINAL. ANY QUESTION WITH REGARDS TO THIS SHOULD BE ADDRESSED PRIOR TO THE BEGINNING OF THE SPECIFIC COMPETITION LEVEL.

FEES	
Non-Competitive	\$35
2 Divisions	\$55
3 Divisions	\$65
LATE FEE (After Feb 14th)	\$25
TOTAL ENCLOSED	\$_____

DIVISIONS	
Non Competitive	<input type="checkbox"/> Forms
	<input type="checkbox"/> Sparring
	<input type="checkbox"/> Flag Sparring
Competitive	<input type="checkbox"/> Forms
	<input type="checkbox"/> Sparring
	<input type="checkbox"/> Weapons _____
	<input type="checkbox"/> Creative Weapons _____
	<input type="checkbox"/> Creative Forms

*All applications handed in after February 14th will be assessed a \$25 late fee. Please have your application turned in on time. No applications will be accepted after April 16th. NO EXCEPTIONS.