

CHANBARA

NAME _____
SCHOOL _____
RANK(KYU & BELT) _____
DIVISION _____

SELF
DEFENSE

NAME _____
SCHOOL _____
RANK(KYU & BELT) _____
DIVISION _____

KATA

NAME _____
SCHOOL _____
RANK(KYU & BELT) _____
DIVISION _____

WEAPONS
KATA

NAME _____
SCHOOL _____
RANK(KYU & BELT) _____
DIVISION _____

SPARRING

NAME _____
SCHOOL _____
RANK(KYU & BELT) _____
DIVISION _____

TEAM FORMS

NAME _____
SCHOOL _____
RANK(KYU & BELT) _____
DIVISION _____

PITTSBURGH KARATE CHAMPIONSHIPS

NAME (PRINT) _____
ADDRESS _____
CITY _____ STATE & ZIP _____
PHONE _____ AGE _____ SEX _____ WEIGHT _____
EMAIL ADDRESS _____
SCHOOL OR CLUB _____ RANK (KYU & BELT) _____
INSTRUCTOR'S NAME _____
SCHOOL ADDRESS _____
DIVISION IN KATA _____
DIVISION IN WEAPONS _____
DIVISION IN SPARRING _____
DIVISION IN SELF-DEFENSE _____
DIVISION IN CHANBARA _____
DIVISION IN TEAM FORMS _____
I AGREE TO ALL THE TERMS AND CONDITIONS OF THE LIABILITY
WAIVER PRINTED ON THE REVERSE SIDE OF THIS FORM.
SIGNATURE _____ DATE _____

- | | | | | |
|----------|----------|----------|----------|----------|
| 1. _____ | 1. _____ | 1. _____ | 1. _____ | 1. _____ |
| 2. _____ | 2. _____ | 2. _____ | 2. _____ | 2. _____ |
| 3. _____ | 3. _____ | 3. _____ | 3. _____ | 3. _____ |
| 4. _____ | 4. _____ | 4. _____ | 4. _____ | 4. _____ |
| 5. _____ | 5. _____ | 5. _____ | 5. _____ | 5. _____ |

I agree to assume full responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while attending or participating in this event, and I hereby waive all claims against the promoters, or operators, or sponsors of this event for any claim for injuries that I may sustain.

I fully understand that any medical treatment given me will be of a First Aid treatment only.

Signature _____
Co-Signer (If Under 18) _____
Date _____