

TEAM FORMS

SPARRING

WEAPONS KATA

SELF DEFENSE

CHANBARA

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

RANK(KYU & BELT) \_\_\_\_\_

DIVISION \_\_\_\_\_

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NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

RANK(KYU & BELT) \_\_\_\_\_

DIVISION \_\_\_\_\_

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NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

RANK(KYU & BELT) \_\_\_\_\_

DIVISION \_\_\_\_\_

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NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

RANK(KYU & BELT) \_\_\_\_\_

DIVISION \_\_\_\_\_

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NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

RANK(KYU & BELT) \_\_\_\_\_

DIVISION \_\_\_\_\_

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. \_\_\_\_\_

# PENNSYLVANIA 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 \_\_\_\_\_

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 \_\_\_\_\_