ACADEMY OF MARTIAL ARTS
1719 FIFTH AVENUE
ARNOLD, PA 15068

PLEASE FILL OUT TICKETS

NAME
SCHOOL
RANK(KYU & BELT)
DIVISION

CHANBARA

NAME
SCHOOL
RANK(KYU & BELT)
DIVISION

WEAPONS KATA

NAME
SCHOOL
RANK(KYU & BELT)
DIVISION

KATA

NAME
SCHOOL
RANK(KYU & BELT)
DIVISION

SPARRING

NAME
SCHOOL
RANK(KYU & BELT)
DIVISION

TEAM FORMS

PLEASE FILL OUT TICKETS

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 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

PLEASE FILL OUT TICKETS

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_____