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_____

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_____

ACADEMY OF MARTIAL ARTS
1719 FIFTH AVENUE
ARNOLD, PA 15068

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_____

1. _____ 1. _____ 1. _____ 1. _____
2. _____ 2. _____ 2. _____ 2. _____
3. _____ 3. _____ 3. _____ 3. _____
4. _____ 4. _____ 4. _____ 4. _____
5. _____ 5. _____ 5. _____ 5. _____