



STUDENT TOURNAMENT APPLICATION

DATE: May 2, 2009
TIME: 10:00AM - 1:00PM

HEIGHT WEIGHT RANK STUDIO

NAME: AGE: DOB / /

ADDRESS: CITY: STATE: ZIP:

PRE REGISTERED ENTRY FEE \$40.00 FOR FIRST 2 EVENTS
\$45.00 FOR 3 OR MORE (LATE ENTRY \$50.00)
KNIFE FIGHTING ADDITIONAL \$20.00

FORMS

FIGHTING

SELF DEFENSE

Adult Adv.
Adult Nov.

Men's Adv.
Men's Nov.

Women's Adv.
Women's Nov.

Adult Adv.
Adult Nov.

Junior Adv. 13 - 17
Junior Adv. 8 - 12
Junior Adv. 7 - down

Boys Adv. 14 - 17
Boys Adv. 11 - 13
Boys Adv. 8 - 10
Boys Adv. 7 - down

Girls Adv. 14-17
Girls Adv. 11-13
Girls Adv. 8-10
Girls Adv. 7 - down

Junior Adv. 11 - 17
Junior Adv. 10 - down
Junior Nov. 11-17
Junior Nov. 10 - down

Junior Nov. 13 - 17
Junior Nov. 8 - 12
Junior Nov. 7 - down

Boys Nov. 14 - 17
Boys Nov. 11 - 13
Boys Nov. 8 - 10
Boys Nov. 7 - down

Girls Nov. 14-17
Girls Nov. 11-13
Girls Nov. 8-10
Girls Nov. 7 - down

WEAPONS
Adult
Junior Nov - Adv. 4-12
Junior Nov-Adv. 13-17

Adv. Blue, Green, Brown
Nov. White, Yellow, Orange, Purple

In consideration of your acceptance of my entry, I do hereby for myself my heirs, executors and administrators, waive, release and discharge MASTERS SELF DEFENSE CENTERS and / or its departments, officers, agents, representatives, successors and / or assigns and against any participants for any and all damages which may be sustained by me in connection with my association with or entry in the athletic meet, or which may arise out of my traveling to, participating in, or returning from said athletic event.

DATE: / /

SIGNATURE: _____

PARENT / GUARDIAN IF UNDER 18: _____

I hereby give permission to the attending physician or medical personnel to treat _____

In the event of an emergency. b/c, b/s, or other insurance #: _____

SIGNATURE: _____

COMPLETE A SEPARATE APPLICATION FOR EACH EVENT

DIVISIONS WITH LESS THAN 4 COMPETITORS MAY BE COMBINED OR ELIMINATED