

Alexander's Open - Pre-Registration Form

Please Print, Fill Out, and Sign This Form

Name: _____
Last First Middle Initial

*** YOUR NAME, AS LISTED ABOVE, SHOULD BE USED THE SAME WAY ON YOUR
COMPETITOR SLIPS AT TOURNAMENTS***

Address/ City, State, Zip: _____

Phone (with area code): _____ Rank: _____

email address: _____

Karate School & Instructor: _____

Address of Karate School: _____

Age on June 1, 2009: _____ Date of Birth: _____

If known, Member ID Number: _____ (To be assigned by AKC Secretary)

Waiver And Release Of Liability

Upon submitting this application to compete in this tournament, I, with my signature on this application, do hereby assume complete responsibility for any and all injuries that I may sustain during this competitive event. Therefore, I hereby relieve all liabilities from the promoters and all persons associated with this event. I further agree to allow pictures to be taken of me in connection with this tournament, to be used for publicity and/or promotional purposes without compensation now or in the future. I have read this release and understand and agree to all its terms.

IF COMPETITOR IS UNDER 18, THIS RELEASE & CONSENT MUST ALSO BE SIGNED BY A PARENT OR GUARDIAN.

Signature of Member/Parent/Guardian: Date: _____

Signature of Competitor: Date: _____

Please make check or money orders payable to: **Joe Alexander**
Mail to: **51 Nance Rd Suite 104., Madison, Alabama 35758**

Please check the division(s) you will be entering:

Extreme _____ Weapons _____ Forms _____ Fighting _____

Grappling _____ Continuous Fighting _____

Pre-Registration: **\$40.00 for 3 divisions.**
\$45.00 after August 5th. Each additional division: \$20.00