

# Clairday's Open Karate Championship - Pre-Registration Form

Please Print, Fill Out, and Sign This Form

Name: \_\_\_\_\_  
Last First Middle Initial

**\* YOUR NAME, AS LISTED ABOVE, SHOULD BE USED YOUR COMPETITOR SLIPS AT THE TOURNAMENTS\***

Address/ City, State, Zip: \_\_\_\_\_

Phone (with area code): \_\_\_\_\_ Rank: \_\_\_\_\_

email address: \_\_\_\_\_

Karate School & Instructor: \_\_\_\_\_

Address of Karate School: \_\_\_\_\_

Age on June 30, 2012: \_\_\_\_\_ 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: **M. Clairday 117 Leaning Pines Dr., Hartselle, AL 35640**

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

Extreme Forms \_\_\_\_\_ Weapons \_\_\_\_\_ Forms \_\_\_\_\_ Fighting \_\_\_\_\_

Grappling \_\_\_\_\_ Continuous Fighting \_\_\_\_\_ Little Dragons \_\_\_\_\_

Pre-Registration: **\$45.00 for 3 divisions.**

**\$50.00 after March 16th Each additional division: \$15.00**