

Martial Arts Way Karate Tournament Fundraiser

8958 Elk Grove Boulevard, Suite 105

Elk Grove, CA 95624

Saturday, March 23, 2013

Starting Time 9:30 a.m.



The Study and Preservation of Classical Kata, Kobudo and Jujitsu

APPLICATION

☐ Youth Kata (white belts)
☐ Youth Kata (green belts)
☐ Youth Kata (purple belts)
☐ Youth Kata (brown belts)
☐ Youth Team Kata (mixed ranks, age & gender)
☐ Youth Weapons (brown belts only)
☐ Youth Kumite (color belts only)

☐ Adult Kata
☐ Adult Weapons
☐ Adult Team Kata (mixed ranks, age & gender)
☐ Adult Kumite

Team Kata Member Names _____

COMPETITOR FEES

\$20.00 per person

or

**\$40.00 for family of three (3)
must be immediate family**

**Make Checks Payable to:
"Martial Arts Way"**

*Competitor fees to be used to cover cost of medals.
Moneys remaining will go into the dojo travel fund.*

**Note: Tournament directors reserve the right to
break out age categories or eliminate categories
in the divisions noted above.**

All Entries Must be Received No Later Than Saturday, March 2, 2013

I, the undersigned do hereby voluntarily submit my application for attendance and participation in the Martial Arts Way Karate Tournament and do hereby assume full responsibility for any and all damages, injuries, or losses that I may incur, if any, while attending or participating in said tournament.

I do hereby waive all claims causes of action, losses, damages, cost expenses, either known or unknown now existing or arising in the future that may occur against any tournament sponsors, organizers, directors, hosts, or any one else involved in any way with the tournament. I fully understand that any medical treatment given to me will be of a first-aid nature only.

I consent that any pictures taken of me in connection with the tournament can be used for publicity, promotion, or television showing now or in the future, and I waive compensation in regards thereto.

I have read and fully understand the above.

Name _____ Belt Color _____ Age _____ Male or Female _____

Home Address _____ City _____ State _____ Zip Code _____

Phone No. _____ Dojo _____ Sensei _____

Signature: _____

Signature of Parent or Guardian (if under 18 years of age) _____

Mailing Address: Martial Arts Way, P.O. Box 284 Elk Grove, CA 95759