



4 Towers Martial Arts  
205 Ambersweet Way  
Davenport, FL 33897

## Ronin Samurai Challenge

School Owners/Instructors:

4 Towers Martial Arts/Shi Tou Sei Do Combat Karate Federation humbly extends an invitation to your young warriors to compete at the **Ronin Samurai Challenge**. Enclosed you will find the following:

- Poster to display in your Dojo
- Registration forms
- Belt rank form – helps to educate us on the Kyu of your belts
- Medical release form
- A copy of the rules for the Ronin Samurai Challenge tournament

*Pre-Registration* starts on 08/01/2019 up till 10/12/2019

Three payment methods for pre-registration:

- Online via a credit card – [www.4towersmartialarts.com/ronin-samurai-challenge](http://www.4towersmartialarts.com/ronin-samurai-challenge)
- In person – Cash, money order or cashier check (*No personal checks*)
- Mail – Postmarked no later than 10/05/2019 – must be paid with a money order or cashier check (*No personal checks*): 4 Towers Martial Arts, P.O. Box 270, Minneola, FL 34755

### Cost breakdown

	Pre-registration (Prior to 10/12/19)	Day of the event registration (Cash Only)
One or two events	\$40.00	\$50.00
All three events	\$50.00	\$60.00
Spectator fee	\$10.00	\$10.00

If you have any additional questions, please feel free to call:  
Hanshi Butch Torres @ 352-255-6633



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## Ronin Samurai Challenge REGISTRATION FORM

Competitors Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

School Name: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

School Address: \_\_\_\_\_ School City/State/Zip Code: \_\_\_\_\_

Instructors Name: \_\_\_\_\_

Please complete all the following information boxes:

Age – Check one											
<input type="checkbox"/>	5-6	<input type="checkbox"/>	7-8	<input type="checkbox"/>	9-10	<input type="checkbox"/>	11-12	<input type="checkbox"/>	13-14	<input type="checkbox"/>	15-17

Special Warriors Divison			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Gender – Check one			
<input type="checkbox"/>	Female	<input type="checkbox"/>	Male

Division – Check One	
<input type="checkbox"/>	Beginner
<input type="checkbox"/>	Intermediate
<input type="checkbox"/>	Advanced
<input type="checkbox"/>	Black belt

Events – Check that apply	
<input type="checkbox"/>	Kata (forms)
<input type="checkbox"/>	Kumite (weapons)
<input type="checkbox"/>	Kumite (sparring)

Belt Color	
<input type="checkbox"/>	<input type="checkbox"/>

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	<b>Total:</b>		<b>Total:</b>



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## Ronin Samurai Challenge

### Waiver and Release

I understand that Karate/Martial arts is a contact sport, as such that I am allowing my child to participate in an activity that involves physical contact and physical activity. I understand that injuries may happen which may potentially involve great bodily harm and even death and do so with a risk. I waive any claim or cause of action I may have against the promoters, host of the tournament, judges, other competitors, volunteers, or spectators and including the Ronin Samurai Challenge that may arise out of my child's participation in this tournament. I further agree to indemnify and hold harmless the host of the tournament, judges, other competitors, volunteers, or spectators and including the Ronin Samurai Challenge from any and all cause of actions or claims which may arise from another competitor due to my child's participation or actions in the tournament. My child agrees to conduct themselves in a sportsmanlike manner and understand that if they fail to do so, they may be disqualified from the tournament and not entitled to a refund. I understand that this contract is binding, non-transferrable, non-cancelable and I will not be entitled a refund for any reason.

The undersigned agrees that by participating in the Ronin Samurai Challenge all participants grant 4 Towers Martial Arts (4TMA), consents to filming, videotaping, or audio recordings or other means of electronic, print or publication by 4TMA. I agree that these images/voice recordings may be used for a variety of purposes and that these images may be used without further notifying me. I further acknowledge that I will not be compensated for the use and that 4TMA owns all rights to the images, videos and recording and to any copied works created by them. I waive any right to inspect the uses of printed or electronic copy. I hereby release 4TMA and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or infringement of moral rights or rights of publicity or copyright.

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Childs Name Printed

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Date

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Parents Name Printed

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Date

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Parents Signature





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### Medical Release Form

I, (print name) \_\_\_\_\_, hereby authorize in advance any necessary medical treatment required for my child while at the Ronin Samurai Challenge. I also acknowledge that if my child has any special medical needs I will complete the form below.

\_\_\_\_\_  
Childs name printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents name printed/Signature of parent

\_\_\_\_\_  
Date

Childs name:	
Childs date of birth:	
Allergies:	
Medications:	
Past Medical History:	