



4 Towers Martial Arts
 205 Ambersweet Way
 Davenport, FL 33897

Ronin Samurai Challenge

REGISTRATION FORM – Fill out all blanks please

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: **All boxes must be completed.**

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"/>	Kobudo (weapons)
<input type="checkbox"/>	Kumite (sparring)

Belt Color

Pre-registration starts on 09/26/2024 up till 10/25/2024

There are two ways to pre-register:

- Online via a credit card – www.4towersmartialarts.com/ronin-samurai-challenge
- In person – Cash, money order or cashier check (No personal checks)

	Pre-registration (Prior to 10/25/2024)			Day of the event registration (Cash Only)		
	Qty	Total		Qty	Total	
One or two events		\$65.00			\$75.00	
Each additional event		\$10.00			\$10.00	
Spectator fee		\$10.00			\$10.00	
		Total:			Total:	



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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.

Childs Name Printed

Date

Parents Name Printed

Date

Parents Signature



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Medical Release Form

(Only needed if the competitor has a medical condition)

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:	