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:

* Registration forms – please make copies for your students.
* Waiver and release – please make copies for your students.
* Medical release form – please make copies for your students.
* Belt ranks form – only one copy please complete your belt rank form
* Poster to display in your Dojo

***Pre-Registration starts on 09/07/2025 up till 10/24/2025***

Two payment methods for pre-registeration:

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

**Cost breakdown**

|  |  |  |
| --- | --- | --- |
|  | **Pre-registration****(Prior to 10/24/25)** | **Day of the event registration** **(Cash Only)** |
| One or two events | $70.00 | $80.00 |
| Each additional event | $10.00 | $10.00 |
| 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 – 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.**

|  |
| --- |
| **Special Warriors Divison** |
|  | Yes |  | No |

|  |
| --- |
| **Age – Check one** |
|  | 5-6 |  | 7-8 |  | 9-10 |  | 11-12 |  | 13-14 |  | 15-17 |

|  |
| --- |
| **Gender – Check one** |
|  | Female |  | Male |
|  |  |  |  |
| **Belt Color** |
|  |

|  |
| --- |
| **Events – Check that apply** |
|  | Kata (forms) |
|  | Kobudo (weapons) |
|  | Kumite (sparring) |

|  |
| --- |
| **Division - Check One** |
|  | Beginner |
|  | Intermediate |
|  | Advanced |
|  | Black belt |

***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 10/24/2025)** | **Day of the event registration** **(Cash Only)** |
|  |  **Qty Total** |  **Qty Total** |
| One or two events | $70.00 |  |   | $80.00 |  |  |
| Each additional event | $10.00 |  |  | $10.00 |  |  |
| Spectator fee | $10.00 |  |  | $10.00 |  |  |
|  | **Total:** |  |  | **Total:** |  |  |

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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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Name Printed Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name Printed Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature

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***By providing this information to us, we are able to educate all tournament judges.***

Hanshi’s/Sensei’s please provide only one copy for your school!

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Martial Arts Style: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Belt Ranks**

|  |  |  |
| --- | --- | --- |
| **Belt Color** | **Belt Rank**(Beginner, Intermediate, Advanced, Black Belt) | **Kyu** |
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**Medical Release Form**

(Only needed if the competitior 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:** |  |