 **FISTS OF FURY: SHOWDOWN**

REGISTRATION FORM – DAY OF EVENT

Presented by: OSRKKA (Okinawan Shorin Ryu Karatedo Kobudo Academy)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M or F:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Events: $60 for all 5 events - $45 for 3 events

Breaking \_\_\_\_\_ Weapons\_\_\_\_\_ Forms\_\_\_\_\_

 3 Point sparring\_\_\_\_\_ 1 Point sparring\_\_\_\_\_

Experience Level (years training):

 Beginner (0-1 yrs)\_\_\_\_\_ Intermediate (1-2 yrs) \_\_\_\_\_

 Advanced (2+ yrs)\_\_\_\_\_ Black Belt \_\_\_\_\_

As a participant of Fists of Fury: Showdown, I hereby release the Perkins family, OSRKKA, Dragons Way Karate Circuit, its staff, members, tournament officials, and the venue from any liability due to injury that may incur because of my participation and/or attendance at this event. I also waive any compensation whatsoever for the use of pictures, video, media coverage, etc used by the promoter(s) that may be used for profit-making purposes. I understand that each event at this tournament carries the risk of injury. I agree to abide by the rules and regulations associated with this event and assume all responsibilities and any associated liability for infringement of such rules. I am aware of my personal medical conditions and certify that I am mentally and physically able to compete in this event. I also agree that no one from my group except the coach listed on this form will remain off the tournament floor. All spectators are to remain in the stands.

Participant name (first and last):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian name (if participant is under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature/Parent or Guardian if under 18:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make checks payable to: OSRKKA**

**Mail check and registration form to: OSRKKA, 861 Siloam Rd, Chambersburg, PA 17201**