



Kaizen Martial Arts League Tournament Name

DIV _____ DIV # _____

NAME _____

Nov Int Adv BB M F Age Birthdate

FORMS

Paid Stamp

J U D G E	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sequence

Place Taken

I agree that I am 18 years or older or the Parent/Guardian of the registrant, agreeing to terms on his/her behalf. By agreeing to these terms, I hereby waive all claims against any and all persons involved with the [Tournament Name] for any injuries which may occur before, during, and after my participation in this event. I also assume full responsibility for my actions during and in connection with said event. I will abide by all rules and safe practices of martial arts competition. Any misconduct from competitors or spectators can result in disqualification or ejection from the tournament. I agree that my performance and/or attendance at this event may be filmed and/or recorded with or without my consent, and that the [Tournament Name] and its associates may use my name, likeness, voices, poses, pictures and biographical data concerning me, fully or in part in any language with or without other material, anywhere by means known or devised; and I waive my compensation there of. Tournament entry, coaches, and spectator fees are non-refundable.

Signature or parent/guardian date



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J U D G E	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Sequence

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SPARRING

Opponent's Initials	Total	Win / Loss
1 _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 _____	W L
2 _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 _____	W L
3 _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 _____	W L
4 _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 _____	W L
5 _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 _____	W L
6 _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 _____	W L
7 _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 _____	W L

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Signature or parent/guardian date



Kaizen Martial Arts League Tournament Name

DIVISION WINNERS

DIVISION

1st Place _____

2nd Place _____

3rd Place _____

4th Place _____

5th Place _____

6th Place _____

7th Place _____

8th Place _____