



Kaizen Martial Arts League

Tournament Name
month day, year

REGISTRATION

Name _____ Age _____ Birthdate _____ Gender M F Rank N I A B

Address _____
(street - city - st - zip)

E-Mail _____ Phone _____

Div 1 _____ \$xx.xx Div 2 _____ +\$xx.xx Div 3 _____ +\$xx.xx Div 4 _____ +\$xx.xx Div 5 _____ +\$xx.xx Total \$ _____

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 (parent/guardian)

Date



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