

SIDEKICK KARATE MISSION STATEMENT

By Tournament Director Ricky Smith

The goal or objective of this tournament is for every competitor to have fun and showcase their martial art skills with other students compared to their respective belt ranks. It is our goal that each competitor, instructor, coach, and parent exemplifies good sportsmanship in a competitive atmosphere with a true and pure martial art spirit of great respect and humility. It is our prayer that each competitor realizes that the true battle is not comparing their physical ability to others, but overcoming their fears and building their confidence to help them succeed in life!

Competitor Division Lineup Schedule (Weapons, Kata, & Sparring):

Ages **4-8** at 1:00 PM • Ages **9-12** at 3:00 PM • Ages **13 & up** at 5:00 PM

Beautiful Awards:

- For the first event (any event), competitor receives a 4-foot trophy.
- For the second event (any other event), competitor receives a custom medal.
- For the third event (any other event), competitor receives a framed certificate. (If the competitor is pre-registered by Oct. 5th, their name will be printed on their certificate and signed by high ranking tournament officials).

Please pre-register before October 5th or add \$5 to total registration fee. Pre-registration will help you avoid standing in line to register on tournament day.

SideKick Karate Tournament Registration Form

Thank you for pre-registering.

Name _____ Age as of Oct. 13 _____ M/F _____

Time-in training _____ Instructor _____

Phone in case of emergency _____

Please circle event(s) with the amount you are registering: (Only circle one)

Sparring Only: \$45 • Empty-hand Kata Only: \$45 • Weapon Kata Only: \$45

Sparring & Empty-hand Kata: \$70 • Sparring & Weapon Kata: \$70

Empty-hand & Weapon Kata: \$70 • Sparring, Empty-hand & Weapon Kata: \$90

Please read carefully before signing:

I hereby do agree to waive all claims against SideKick Karate of Salisbury and its instructors or its agents for any injuries I might sustain. I understand that the nature of this event does not preclude injury and I agree to assume full responsibility for any injuries that I might sustain as a participant of this tournament. I hereby state that as of October 13, 2018, I have proof of full insurance coverage for any type of medical expense that I might sustain as a result of this tournament activity.

Signature _____ Date _____

(Parent or legal guardian if under 18 years old)