



**2019 Maples Martial Arts  
Memorial Summer Kickoff  
Open Tournament**  
May 25, 2019  
Entry Form



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Belt: \_\_\_\_\_ Rank: Beg. / Interm. / Adv.  
 School Name: \_\_\_\_\_ Instructor: \_\_\_\_\_  
 School Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**Event/Divisions:** \_\_\_\_\_ Point Sparring \_\_\_\_\_ Continuous Combat Sparring \_\_\_\_\_ Grappling

**Pre-Registration Fees:** (Check, Cash, or Money Order)

Two Events: \$40

Three Events: \$50

Spectator: \$7 (Children 3 & under FREE)

**Day of Event Fees: (CASH ONLY)**

Two Events: \$50

Three Events: \$60

Spectator: \$10 (Children 3 & under FREE)

**Pre-Registration Deadline:** May 21, 2019

**Please mail Registration to:**

Maples Martial Arts  
P.O. Box 1460  
Castroville, Tx. 78009

Competitor Entry Fee: \$ \_\_\_\_\_

Spectator Fees: \$ \_\_\_\_\_

Payment Type: cash / check / MO

**Total Enclosed:** \$ \_\_\_\_\_

I am fully aware that i am participating in an event that involves physical activity/contact and the risk of injury/bodily harm/death may occur and does exist (although every precaution is taken to prevent any), and do so at my own risk. In knowing this, i hearby assume full responsibility/liability for any and all damages, injuries, or losses that i may sustain or incur while participating/attending said event. I waive any claim or cause of action and indemnify and hold harmless the promoters, hosts, venue, judges, other competitors, assistants, volunteers, affiliates, or maples martial arts, from any and all causes of action which may arise from participation in the event. I hearby state that i do not suffer from and physical and/or mental conditions that may affect my participation in this event. I further agree to conduct myself in a sportsman like manner and understand that if i fail to do so, i may be disqualified from the event and not entitled to a refund. I also agree to abide by all rules and regulations and instructions adopted by said event. I grant permission to perform and provide any necessary medical care, should the need arise, while participating in such event. I also grant permission for pictures to be taken during the event. I understand and agree to comply with all statements made herein.

\_\_\_\_\_  
Signature of Participant Parent/guardian if participant is under 18

\_\_\_\_\_  
Date