

2017 MAK Classic Open Martial Arts Tournament Registration Form

NAME: _____ AGE: _____ GENDER: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

CURRENT RANK: _____ HEIGHT: _____ WEIGHT: _____

PHONE #: _____ SCHOOL: _____ INSTRUCTOR: _____

Tournament Fees:

Early Bird

\$40 - 1 or 2 events
\$55 - unlimited

After April 31 & Day-of

\$50 - 1 or 2 events
\$65 - unlimited

I PLAN TO COMPETE IN THE FOLLOWING EVENTS: (PLEASE CIRCLE)

KARATE FLAG FORMS SPARRING WEAPONS MUSICAL TEAM

Make checks payable & send to:

Mid-America Karate
1814 N. Crossover Rd
Fayetteville, AR 72701

Where did you hear about the MAK Classic Tournament? _____

WAIVER: I hereby submit my application for registration in the MAK Classic Open Martial Arts Tournament. I agree to waive all claims against Mid-America Karate, Karate Kids World, Springdale Youth Center, Rick Bailey, Cole Bailey and/or any person connected with the tournament for injuries or losses that I might incur as a result of my attendance and/or participation in this event. Furthermore, I hereby permanently waive any compensation whatsoever for the use of pictures, videos, media coverage, etc utilized by those associated with this event which may be used for profit making purpose. I clearly understand the fight aspect of this sport and competition involving bodily contact. I have read, understand, and agree to abide by the rules associated with this event and assume all responsibility and any associated liability for infringement of such rules. Additionally I am fully aware of my medical condition and hereby certify that I am mentally and physically fit to compete at this tournament.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

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