



An MIPN officiated tournament

Competitor Name: _____ Age: _____ Rank: Nov., Int., Adv.

Phone number: (____) _____ School: _____ Instructor: _____

Address: _____ Amt. Due _____ Checks to: Goo's Dojo

Competitor/Guardian: _____

Comp. Fee: \$50.00 for 3 events \$5 for additional: _____

Signature ^

Date^

Forms **Fighting** **Weapons** **Musical** **Crt/Xtrm** (6 and under) **Q-Tip Fighting**

the competitor or guardian of the competitor named above in no way assigns liability to The Joplin Eye of the Storm referred to as JES, The Heartland Triple Crown Series Martial Arts Tournament and Festival, Goo's Dojo, Joplin Sports Authority, Erron Wright, affiliate, associate or divisees there of. For protection of the public and at the discretion of the event promoter I understand that I may be asked to leave if my conduct is deemed problematic. Event promoter reserves the right to deny entry to anyone; including individuals, group, school or organization. I authorize the use of my image and voice to be used for promotional purposes by JES and affiliates.