

ALL Star Sport Karate Series 2011-12 Registration

Today's Date _____

Name: _____

Age(as of Sept 1st 2011) _____ Date of Birth: _____ Gender: M / F

Address: _____ City _____ State _____ Zip: _____

Phone: _____ Email: _____

Belt Color _____ Beg / Int / Adv / Black

Time of Study: _____ Years _____ Months

Groups Competing in: _____ Weapons _____ Forms _____ Sparring

Studio Information:

Instructor Name: _____ Studio Name _____

Studio Address _____ Studio Phone # _____

RELEASE/WAIVER

I, the undersigned, hereby voluntarily submit my application for participation in the All Star Sport Karate Series. I do hereby assume full responsibility for any and all damages, injuries, and loses that I may sustain, or incur while attending and participation in tournaments. I hereby waive all claims against the promoter, place of event, circuit sanctions, or anyone directly or indirectly associated with this tournament for any claim or injury, I may sustain.

Signature of Competitor: _____ Date: _____
(Parent or legal guardian if under 18 years of age)