

ACADEMY OF MARTIAL ARTS
1719 FIFTH AVENUE
ARNOLD, PA 15068

NAME	_____	NAME	_____	NAME	_____	NAME	_____	NAME	_____
SCHOOL	_____	SCHOOL	_____	SCHOOL	_____	SCHOOL	_____	SCHOOL	_____
DIVISION	_____	DIVISION	_____	DIVISION	_____	DIVISION	_____	DIVISION	_____
RANK(KYU & BELT)	_____	RANK(KYU & BELT)	_____	RANK(KYU & BELT)	_____	RANK(KYU & BELT)	_____	RANK(KYU & BELT)	_____

CHANBARA SELF DEFENSE KATA KATA WEAPONS KATA SPARRING

KARATE CHAMPIONSHIPS

NAME (PRINT) _____
 ADDRESS _____
 CITY _____ STATE & ZIP _____
 PHONE _____ AGE _____ SEX _____ WEIGHT _____
 EMAIL ADDRESS _____
 SCHOOL OR CLUB _____ RANK (KYU & BELT) _____
 INSTRUCTOR'S NAME _____
 SCHOOL ADDRESS _____
 DIVISION IN KATA _____
 DIVISION IN WEAPONS _____
 DIVISION IN SPARRING _____
 DIVISION IN SELF-DEFENSE _____
 DIVISION IN CHANBARA _____

I AGREE TO ALL THE TERMS AND CONDITIONS OF THE LIABILITY WAIVER PRINTED ON THE REVERSE SIDE OF THIS FORM.
 SIGNATURE _____

I agree to assume full responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while attending or participating in this event, and I hereby waive all claims against the promoters, or operators, or sponsors of this event for any claim for injuries that I may sustain.

I fully understand that any medical treatment given me will be of a First Aid treatment only.

Signature _____

Co-Signer (If Under 18) _____

1.	_____	1.	_____	1.	_____	1.	_____	1.	_____
2.	_____	2.	_____	2.	_____	2.	_____	2.	_____
3.	_____	3.	_____	3.	_____	3.	_____	3.	_____
4.	_____	4.	_____	4.	_____	4.	_____	4.	_____
5.	_____	5.	_____	5.	_____	5.	_____	5.	_____