So Cal Karate Invitational

Enrollment Application

Participant Information

Print Name:

| <u>i aiticipant</u> | illioilliatioli. | | | | |
|---|--|---|---|--------------------|--|
| Name: | | | | | |
| Primary P | hone Number: _ | | | | |
| | | | | | |
| Studio: | | | | | |
| Belt Color:A | | | | | |
| Tournament | | | | | |
| Date: Saturday, Octob Start Time: 9 AM (please ch | | oer 1, 2022 eck the schedule for your specific start time by event) | | | |
| Location: Capistrano Valley High School 26301 Via Escolar, Mission Viejo, CA 92692 | | | | | |
| | Select Event | (s) by Division: | Select Payment Option | on: | |
| | Kempo Division | Shaolin Division | Credit Card on Fi | le | |
| | ☐ Kata | ☐ Weapons | ☐ Cash | | |
| | ☐ Sparring | | ☐ Check: | | |
| | | Additional s | shirts: Style Siz | ze | |
| Unisex, Youth, or Womens Quantity of Specator Tickets | | | Unisex, Youth, or Womens Style Si Unisex, Youth, or Womens | ze | |
| Release of Lia | bility | | | | |
| training, ir | | na from physical activity or | c of injury inherent in participa blows that neither the instruct | | |
| 2. He/She fre | He/She freely and fully assumes such risk. | | | | |
| | le/She is physically fit to participate in this event which involves strenuous activity and various physical martial rts techniques. | | | | |
| 4. He/She extraining. | expects to have instruction in various defensive tactics and receive instruction needed in self-defense | | | | |
| | He/She realizes that such techniques may not always be successful in every situation and proficiency can only be achieved through a combination of continued practice, exercise of good judgement and natural abilities. | | | | |
| for any injury of a | iny kind whatsoever from agrees hereby to defend | or as a result of training a | olved in the event including its nd competing in the martial ar and all of them harmless fron | ts, however it may | |
| Signature:(Parent/Legal Guardian i | | | Date: | | |
| | (Parent/Legal Guardi | an if under age of 18) | | | |