

DURO Y SUAVE, MANOS VACIAS BROTHERHOOD MARTIAL ARTS CHAMPIONSHIP

TOURNAMENT UBBS RATED: 5 ***** STARS / AAA PLATINUM

TOURNAMENT REGISTRATION FORM

TOURNAMENT DATE: Saturday, August 4, 2018

LOCATION: South Orlando YMCA, 814 W. Oak Ridge Road, Orlando, Florida 32809

Doors open at 7:30 am. Black Belt meeting at 8:30 am. Tournament starts at 9:00 am

For more Information, call or text (407) 264-1682 or www.citykarate.com or email: citykarate@hotmail.com

Registration Instructions: Complete registration form in its entirety; circle the division and age category you are competing in, total payment below. Mail form and payment to: South Orlando YMCA, 814 W. Oakridge Road, Orlando, Florida 32809, Attn: F. Huertas. Competitor's age is determined, as of January 30th, as their competition age for the year. Competitors must bring proof of age.

DIVISIONS: NOV: White, Yellow, Orange INT: Blue, Green, Purple or Equivalent / ADV: Brown, Red, Black or Equivalent / Categories according to age, rank & gender: 4-5 / 6-7 / 8-9 / 10-11 / 12-13 / 14-15 / 16-17 / 18-29 / 30-39 / 40-49 / 50+ **BLACK BELT CATEGORIES:** 18-29 / 30-39 / 40-49 / 50-64 / 65+.

NAME _____ DOB _____ AGE _____ M _____ F _____ WEIGHT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (____) _____ EMAIL: _____

BELT RANK _____ ROOKIE LEAGUE _____ NOV. _____ INT. _____ ADV. _____ BB _____

INSTRUCTOR SCHOOL/DOJO PHONE: _____

SCHOOL/DOJO ADDRESS: _____

CHECK EVENTS COMPETING IN:

KATA (Traditional Forms) _____ / KOBUDO (Traditional Weapons Forms) _____ / KUMITE (5 Point Sparring) _____

(Males and females compete separately in all Forms [Kata] and Sparring [Kumite] Categories).

NOTE: More Events will be added like Chinese Forms, Korean Forms, American Kenpo Forms, etc. if there is quorum of competitors.

COMPETITOR REGISTRATION FEE:

Pre-Registration fee discount: If paid before July 4th, 2018: 1-2 Events = \$40.00 (plus \$5.00 for each additional event)

1-2 events \$50.00 _____ (plus \$5.00 per each additional event) = \$ _____

Coach's Pass _____ x \$10.00 = \$ _____ Spectator Fee _____ x \$10.00 Adult / Children \$5.00 = \$ _____

Grand Total Enclosed = \$ _____. (Children spectators 5 yrs old and under - free)

WAIVER

By signing this form, I understand that the YMCA of Central Florida and associates assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition or from any participation in the event or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illness, which may result from my participation in these activities. I hereby release the Central Florida YMCA and associates, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage, which I may suffer as a result of my participation in these activities.

I understand that the YMCA of Central Florida parties mentioned above are not responsible for personal property lost or stolen while members and/or program participants are on the premises. I give my permission to the Central Florida to use, without limitation or obligation, photographs, film footage, or tape recording, which might include my image or voice for purpose of interpreting YMCA program.

Acceptance: I acknowledge the waiver set forth above, and being in sympathy with the mission statement of the YMCA, agree to sign the waiver.

Competitor's Signature: _____ (If under 18, parent or legal guardian must sign for competitor.)