MANHATTAN PARK DISTRICT NATIONAL KARATE CHAMPIONSHIPS April 29, 2018

NAME:_____ PHONE:_____

ADDRESS:_____ CITY:_____ STATE:_____ ZIP:_____

AGE:_____ RANK:_____ BELT COLOR:_____ MALE:_____FEMALE:_____

SCHOOL OR CLUB:_____ PHONE: (_____)_____

ADDRESS:_____ CITY:_____ STATE:_____ ZIP:_____

INSTRUCTOR:_____

PLEASE CHECK DIVISONS

YOUTH	KATA	KUMITE
6 yrs old and under Tiny Tots		
All Ranks	_____	_____
7-9 yrs old Mini Pee Wee		
White, Orange, Yellow	_____	M___F____
Green, Blue, Purple	_____	M___F____
Brown	_____	M___F____
10-12 yrs old Pee Wee		
White, Orange, Yellow	_____	M___F____
Green, Blue, Purple	_____	M___F____
Brown	_____	M___F____
13-15 yrs old Juniors		
White, Orange, Yellow	_____	M___F____
Green, Blue, Purple	_____	M___F____
Brown	_____	M___F____
16-17 yrs old Young Adult		
White, Orange, Yellow	_____	M___F____
Green, Blue, Purple	_____	M___F____
Brown	_____	M___F____

ADULT	KATA	KUMITE
18-39 yrs old Adult		
White, Orange, Yellow	M__F__	M___F____
Green, Blue, Purple	M__F__	M___F____
Brown	M__F__	M___F____
Black 1st – 5th Dan	M__F__	M___F____
40 yrs old and up Adult		
White, Orange, Yellow	M__F__	M___F____
Green, Blue, Purple	M__F__	M___F____
Brown	M__F__	M___F____
Black 1st-5th Dan	M__F__	M___F____
Black 6th Dan and up	M__F__	M___F____

SELF DEFENSE(all ages)	
White, Orange, Yellow	_____
Green, Blue, Purple	_____
Brown	_____
Black	_____

KOBUDO

17 yrs old and under Youth Divisions	
White, Orange, Yellow	_____
Green, Blue, Purple	_____
Brown	_____

18 yrs old and up Adult Divisions	
White, Orange, Yellow	_____
Green, Blue, Purple	_____
Brown	_____
Black	_____

I do Hereby voluntarily submit my application for attendance and participation in the Manhattan Park District National Karate Championships as shown on the form, and do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating, and I do hereby waive all claims against the promoters, operators or sponsors of said Manhattan Park District National Karate Championships, individually or otherwise, for any claim for injuries that I might sustain. I fully understand that any medical treatment given me will be of First Aid Treatment only.

I consent that any pictures furnished by me or any pictures taken of me in connection with this tournament can be used for publicity, promotion, or television showing, and I waive compensation in regard thereto. I have read and I understand all the terms and conditions. I voluntarily agree to the entire liability waiver.

If under 18 years of age, this release and consent form must be signed by a parent or guardian.

Signature of Contestant:_____**Date:**_____

Signature of Parent/Guardian: _____**Date:** _____