

# MARINOBLE'S MARTIAL ART TOURNAMENT REGISTRATION FORM

(PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_ M / F

Phone: \_\_\_\_\_ Age \_\_\_\_\_ (if under 18, Parent or guardian must sign below)

Home Address: \_\_\_\_\_

E mail: \_\_\_\_\_

School/Sensei \_\_\_\_\_ Time Trained \_\_\_\_\_

**\*\*\*ALL COMPETITORS MUST SUPPLY THEIR OWN PROTECTIVE GEAR\*\*\***

**Head, hand, foot and shin pads, mouth piece and cup required for all \*Sparring & \*Sport Ju Jitsu**

Kata \_\_\_\_\_ Weapons \_\_\_\_\_

Beginning Grappling \_\_\_\_\_ Open Class Grappling \_\_\_\_\_

\*Continuous Sparring \_\_\_\_\_ \*Sport Ju Jitsu \_\_\_\_\_

\*Point Sparring \_\_\_\_\_ \*Weapons Sparring \_\_\_\_\_

**IMPORTANT!! ALL COMPETITORS MUST READ AND SIGN FORM**

I, the undersigned, do hereby submit my application for attendance and participation in school tournament. I 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 will waive all claims against the promoters or operators, or spouses of said School Tournament individually or otherwise for any claim for injuries that I may sustain. I fully understand that any medical treatment given to me will be of first aid treatment type only.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date \_\_\_\_\_ Received by \_\_\_\_\_ # of events \_\_\_\_\_ Total \$ \_\_\_\_\_