

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 \$ _____