I agree to assume full responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while attending or participating in this event, and I hereby waive all claims against the promoters, or operators, or sponsors of this event for any claim for injuries that I may sustain.

I fully understand that any medical treatment given me will be of a First Aid treatment only.

Signature _____

Co-Signer (If Under 18) _____

Date _____

1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____	5. _____

PENNSYLVANIA KARATE CHAMPIONSHIPS

NAME (PRINT) _____

ADDRESS _____

CITY _____ STATE & ZIP _____

PHONE _____ AGE _____ SEX _____ WEIGHT _____

EMAIL ADDRESS _____

SCHOOL OR CLUB _____ RANK (KYU & BELT) _____

INSTRUCTOR'S NAME _____

SCHOOL ADDRESS _____

DIVISION IN KATA _____

DIVISION IN WEAPONS _____

DIVISION IN SPARRING _____

DIVISION IN CHANBARA _____

DIVISION IN TEAM FORMS _____

I AGREE TO ALL THE TERMS AND CONDITIONS OF THE LIABILITY WAIVER PRINTED ON THE REVERSE SIDE OF THIS FORM.

SIGNATURE _____ DATE _____

ACADEMY OF MARTIAL ARTS
1719 FIFTH AVENUE
ARNOLD, PA 15068

CHANBARA

NAME _____
SCHOOL _____
RANK(KYU & BELT) _____
DIVISION _____

WEAPONS KATA

NAME _____
SCHOOL _____
RANK(KYU & BELT) _____
DIVISION _____

KATA

NAME _____
SCHOOL _____
RANK(KYU & BELT) _____
DIVISION _____

SPARRING

NAME _____
SCHOOL _____
RANK(KYU & BELT) _____
DIVISION _____

TEAM FORMS

NAME _____
SCHOOL _____
RANK(KYU & BELT) _____
DIVISION _____