



2013 Fall Tournament Registration Form

Participant's Name: _____

(Participant under 18 years old) Parent/ Guardian (Relation):

Address (Street, City, Zip code): _____

Home Phone Number: _____ Birthday of Participant: _____

Cell Phone Number: _____ Age: _____

Emergency Contact (Name, Relation, Phone #):

One Event	\$40 One event of your choice.
Two Events	\$55 Two events of your choice.
Three Events	\$65 *

- One month Free membership to Great Grandmasters New Website a \$29 value!!

The Following Events are Available for Competition for All Ranks and Ages:

(Check which event the participant will enter)

Kata _____

Sparring _____

Self Defense _____

In consideration of your acceptance of my entry, I do hereby for myself, my heirs, executors, and administrators, waive, release and discharge against Villari's Martial Arts Center, Villari's of Boca, or Lake Park Martial Arts Inc. and/or its departments, officers, agents, representatives, successors, and/or assigns, and against any participant for any and all damages which may be sustained by me in connection with my association with or entry in the above athletic event, or which may arise out of my traveling to, participating in, or returning from said event. I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to Villari's Martial Arts Centers, Villari's Boca Raton, and Lake Park Martial arts to use photographs, videotapes, or any other record of this event.

I hereby give permission to the attending physician or other medical personnel to treat the registered individual in the event of an emergency.

Student or Guardian Signature _____ Date _____

Billing Method:

Total Fee _____ Card Number: _____ Exp Date: _____

Billing Zip Code: _____ If using Check, Check #: _____