

**2020 PHILADELPHIA PRO/AM
REGISTRATION FORM
DEADLINE IS MARCH 10, 2020**

COMPETITOR'S NAME: _____ AGE: _____ SEX: _____

RANK: _____

ADDRESS: _____ [CITY] _____ [STATE] _____ [

ZIP] _____

PHONE NUMBER: _____

EMAIL: _____

PARENT/GUARDIAN NAME: _____

PHONE NUMBER: _____

MARTIAL ART SCHOOL: _____ [CITY] _____

[STATE] _____ ZIP _____.

I hereby submit my application for registration in the 2020 PHILADELPHIA PRO/AM KARATE CHAMPIONSHIPS. I understand that participating in this martial arts sporting event involves the inherent risk of injury, and therefore, I agree to waive all claims against any persons connected with this championships for any injury I may sustain in connection with my participation in this said event and I likewise assume full responsibility for all my actions in connections with said championships. I further agree that pictures taken of me in said championship can be used by the championship promoter for publicity or promotion without any compensation at this or any other time.

BY _____ BY: _____
Competitor's signature (if over 18) Signature of guardian (competitors under 18 years)

WEAPONS DIVISION: _____

FORMS DIVISION: _____

SPARRING DIVISION: _____

*** A competitor may only complete in one divisions per category (1 weapons, 1 forms and 1 sparring) for a total of three divisions.**