

Austino's Karate Do

presents the

ANNUAL AUSTINO'S KARATE DO TOURNAMENT

Hartford Upper Elementary School
397 Hartford Road, Mount Laurel, NJ 08054

Official Application for Competition



Name _____ Rank _____

Address _____ Phone _____

City, State _____ Zip _____

E-Mail Address: _____

Age _____ Sex _____ Height _____ Weight _____

School Name _____

School Address _____

City, State _____ Zip _____

Instructor's Name _____

Age Category (please check one)	Novice Level (White - Yellow - Orange)	Intermediate Level (Blue - Green - Purple)	Advanced Level (Red-Brown - Black)
Mini-Mites 7 & under			
Mini Pee-Wee 8 - 9.			
Pee-Wee 10 - 12.			
Juniors 13 - 15.			
Super Juniors 16 - 17			
Adults 18 - 34			
Senior 35 - 44.			
Executive (45 & over)			--

Please check the divisions in which you wish to compete:

- Weapons Forms
 Free Sparring
 Empty Hand Forms
 Open Weapons (Adult BB Only)
 Open Forms (Adult BB Only)

Total number of events entered: _____

I, the undersigned, do hereby voluntarily submit my application for this Austino's Karate Do Martial Arts Tournament being held on said publicized day, and do hereby assume full responsibility for damage, injuries, death, a losses that I may sustain in any way while attending or participating in said Tournament. I hereby waive any and all claim against the promoters of said Tournament, and the Mount Laurel School District individually or otherwise, and the owners or operators of premises for injuries that one may sustain. I also consent that any pictures taken of me in connection with this event can be used for publicity, promotion, or television showing, and hereby waive compensation in regard thereof.

**Misconduct and inappropriate behavior will not be tolerated at this event!
Rules violators will be dismissed from the event with NO REFUNDS!**

Signature of Contestant _____ Date _____

Signature of Parent/Guardian _____ Date _____

(If contestant is under legal age)