

**POINTS TOURNAMENT**  
**REGISTRATION FORM**  
**TOURNAMENT SATURDAY**  
**March 20, 2010**

**4-6 year olds** events begin at 11:30 am

**7-12 year olds** events begin at 12:30 am

**All others events begin at 2:00 pm**

**PLEASE PRINT:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ E mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ (If under 18 years old)

Belt Color \_\_\_\_\_

**Check tournament divisions entered:**

**1st event \$20.00 each additional event \$5.00**

\_\_\_\_\_ KATA

\_\_\_\_\_ WEAPONS KATA

\_\_\_\_\_ CHANBARA

\_\_\_\_\_ JU JITSU

Checks are to be made payable to Golden Pyramid Martial Arts Center

5080 Northfield Rd

Maple Hts., OH 44145

216-475-1880 email shihan@gpmac.com

**Waiver must be completed to participate**

Please arrive 1/2 hour before the event you are entering

## RELEASE OF LIABILITY

I, \_\_\_\_\_ release the **Golden Pyramid Martial Arts Center**. and any tournament promoters ,officers, partners, agents, members, servants and employees, successors and assigns involved in this tournament from any and all liability for personal injury, death, property damage or any other types of damage which may occur while attending, taking instruction, and/or participating in any activities or any of the martial arts, at a recognized Center or at competitions or tournaments sponsored by the **Golden Pyramid Martial Arts Center or Piaser Martial Arts**.. I knowingly certify that I am aware that there is a risk of personal injury in participating in martial arts, and that there is a fighting aspect to the sport. Certain martial arts can involve contact, which can be inherently dangerous. At times, contact to the head, face, and other parts of the body is actually encouraged by the rules. I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate in the courses and activities.

I certify that I am over 18 years of age and that I have carefully read and understand this Release of Liability and fully understand its contents and have had the opportunity to ask any questions and have been satisfied with the responses. I am freely executing this Release of Liability on behalf of myself and my heirs, guardians, legal representatives and assigns. I am aware that this is a release of liability and a contract between myself and **the above mentioned sponsors**, and sign it of my own free will.

Dated \_\_\_\_\_

Signed

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_ (\_\_\_\_) \_\_\_\_\_

(Parent or Legal Guardian must sign if person enrolling is under 18 years of age.)