

# 2014 SUPERSTARS OPEN Martial Arts Championship / Expo

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone # \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Experience level: Beginner – Intermediate – Advanced  
 Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male Female  
 Karate School Name \_\_\_\_\_ Instructor \_\_\_\_\_  
 Address of Karate School \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Karate School Phone# \_\_\_\_\_ Email \_\_\_\_\_

## Check Your Division

- Inclusion & DEMO  
 7 & under  
 8 - 9  
 10 - 11  
 12 - 13  
 14 – 17

## Events (circle)

Weapons / Forms  
 Point sparring

## Judges / Scorekeepers / Volunteers Registration

Name: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tel# \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Dear Judge/Scorekeeper/Volunteer, this is your chance to give back to our community and support the Cause. Once we receive your registration form our team member will give you a call with a ring assignment and other information. Volunteers will receive community hours for high school. We truly appreciate your time and support.

## Registration & Spectator Fees

Pre-register:	by 12/15/13	by 1/30/14	by 4/15
1 event -	\$25	\$30	\$35
2 events -	\$30	\$35	\$45
3 events -	\$35	\$40	\$55
<b>Spectators:</b>			
Child -	\$2	\$3	\$5
Adult -	\$3	\$4	\$5

Number of: divisions you are competing in: \_\_\_\_\_ adult spectators \_\_\_\_\_  
 children spectators \_\_\_\_\_

Date registered: \_\_\_\_\_ Amount enclosed: \_\_\_\_\_

Make checks payable to: Kia Kidz

Mail to: 14417 S. Dixie Hwy, Miami, FL 33176

## HOLD HARMLESS WAIVER AND STATEMENT

### PARENTS: PLEASE READ AND UNDERSTAND. ABSOLUTELY NO REFUNDS!!!

I, The undersigned, do hereby voluntarily submit my application and participation in the above mentioned Inclusion Karate Tournament held at the participating facility and do assume full responsibility for any and all damages, injuries and losses that I may sustain individually or otherwise. I fully understand that any medical treatment given to me will be of first aid treatment only. I consent that any picture taken of me in connection with the above mentioned Inclusion Karate Tournament can be used for publicity, promotion or television showing and waive compensation with regards thereto. I also certify that I will abide by the rules and regulations governing the above mentioned Inclusion Karate Tournament and the interpretation of these as outlined by the promoters and their agents. Furthermore, I release Kia Kidz, Superstars Open Martial Arts Championship / Expo, Alper JCC, all Agents and Assignees involved in the above mentioned Inclusion Karate Tournament in any capacity from any liability due to injuries etc that I may incur as a result of my attendance and/or participation in this event. I clearly understand that the fighting aspect of this sport and competition involves bodily contact. I have read, understand and will abide by the above and assume full responsibility and any associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to compete at this Superstars Open Martial Arts Championship / Expo. Further, I agree and grant to the Organizers and Sponsors, exclusive right to use, publish or reproduce, or authorize such, any photographs, drawings, writings or any copyrightable material produced of me or by me as a competitor, including specifically any photos of me and use or publication of my name. I have read the Waiver and agree to the conditions therein. I am fit healthy, able and qualified to participate in the tournament. Martial Arts Center reserves the right to refuse any entry to any person at any time.

Signature of Competitor (if over 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_