

The Clearwater Open Karate Championships

REGISTRATION FORM

To register fill out (print or type) and return this application form with a Money Order made out to Shihan School of Survival, PO Box 213, Clearwater, FL 33755. No checks.

Competitor's Name: _____ Phone: _____

Gender: M/F Age: _____ Rank: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Club Name: _____ Instructor: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

I would like to compete in the following categories (please check):

Individual events:	Kumite:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Black Belt
	Kata:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Black Belt
	Weapons:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Black Belt
	Continuous Sparring:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Black Belt
	Self Defense:	<input type="checkbox"/> Adult Black Belt Only			

Early Registration Fee: \$65.00 for 2 Divisions before May 11th, 2024.

Cost after May 11th is \$75.00, additional events \$10.00.

Spectator Fee: \$10.00 Kids Under 5 years old free. "NO REFUNDS"

Please enter total competition fee: \$ _____

5 yr. old	6-7 yr. old	8-9 yr. old	10-11 yr. old	12-14 yr. old	15-17 yr. old	18-30 yr. old	30-50 yr. old	50 + yr. old
-----------	-------------	-------------	---------------	---------------	---------------	---------------	---------------	--------------

Release Form

I, _____, and my heirs, in consideration for my being allowed to participate in an activity held at, or on a Recreational Facility, I hereby release the officers, employees and agents, the tournament organizers, the Shihan School or Survival, Inc. and Sarasota Military Academy or anyone involved in anyway with the tournament, from any liability for damage to, or loss of personal property, sickness and injury from whatever source, legal entanglements, imprisonment, death, loss of money, etc., which might occur while participating at, or in a Recreational Facility. I understand the risks of such participation, which include broken bones, strains, sprains and fatigue, to name but a few. I agree to abide by posted safety rules, adhere to the wearing of appropriate clothing and safety equipment and to conduct myself in a safe and responsible manner. I attest and verify that I am physically fit to participate in these activities. I further understand that the Sarasota Military Academy provides no medical coverage for these activities. Should I incur medical expense, I understand that I am solely responsible for such costs. I also agree that any photos and videos taken of me during the tournament can be used by the tournament organizers for publicity or promotion without compensation to me. I understand that participation is voluntary and I freely choose to participate. I have read the above information thoroughly and voluntarily agree to the terms and conditions.

Signature (must be at least 18 years old)

Date