

# 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 April 18<sup>th</sup>, 2026.

Cost after April 18<sup>th</sup> 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