



DOJO and GYM Inc

46 Terry Drive (Rt 47 & 56) • Sugar Grove, IL 60554
rockysdojoandgym@att.net • www.rockysdojo.com

Champion Karate Studio

630-466-7414

Directors Ron & Rocky Troutman

OPEN MARTIAL ARTS TOURNAMENT

Full Name: _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Age: _____ Sex: _____ Weight: _____ Height: _____

E-mail: _____

Style: _____ Rank: _____

Karate School Name: _____

Instructor: _____

Karate School Location (City): _____

Division: _____ Date: _____

All checks/money orders must be made payable to:

Rocky Troutman

RELEASE OF LIABILITY

I, the undersigned, do hereby voluntarily submit my application for the attendance and participation in the CKS/Rocky's Dojo & Gym Open Arts Tournament and do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating, and I hereby waive all claims against the promoter, or sponsors, or operators, of said Karate Tournament individually or otherwise, for any claim for injuries that I might sustain.

If under the age of 18, this release and consent MUST also be signed by parent or guardian.

SIGNATURE OF CONTESTANT

PARENT/GAURDIAN

PLEASE PRINT ALL INFORMATION