



In-School Tournament Registration Form

Date: _____

Competitor Information

Name: _____ Age: _____ M/F Ht: _____ Wt: _____ Rank: _____ Gup/Dan

Address: _____ Apt No.: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Primary Instructor: _____ School: _____

Emergency Contact: _____ Phone: _____

Events:

	Forms	Breaking	Sparring
(Check boxes)			

Release of Liability

I hereby release Lee's Martial Arts, LLC, other related clubs and organizations, their principals, employees, officers, directors, and agents and all referees and tournament volunteers from any claims for injuries, damages, or losses of any sort which I may sustain while traveling to, participating in, or returning from this tournament.

I fully understand that any medical treatment given will be first aid treatment only, and hereby consent to receipt of such treatment as deemed necessary by First Aid Personnel.

I consent that any pictures furnished by me or any pictures taken of me in connection with the tournament can be used for publicity, promotion, or television showing, and I waive any compensation in regard thereto. My signature constitutes my agreement to this Release. **(If under 18 years of age, Release must be signed by Parent or Legal Guardian.)**

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Fees

\$15 for 1 event, \$25 for 2 events, and \$5 for each additional event.

Send fees with completed registration form before deadline date 2 weeks before Tournament to:

Lee's Martial Arts
 3822 W. 3rd St.
 Bloomington, IN 47404
 (812) 333-3002
<http://www.leesbloomington.com>

<http://www.leesbloomington.com>

Phone: (812) 333-3002

Email: events@leesbloomington.com