ARIZONA FREESTYLE JUDO INVITATIONAL

APPLICATION

Belt Rank: __Beginner (White & Yellow) __Intermediate (Color Belts) __Advanced (Brown and up)

Age Group: __ 5 years and under __6 & 7 years __8 &9 years __10 & 11 years __12 & 13 years __14 & 15 years __ 16 & 17 years __18 years old +

Student Weight: (to be filled out at weigh-ins by official) _____lbs

Competitor Name: _____ DOB ___/____/_____ Sex: M/F

Address: _____Apt.# ____ City_____ Zip Code: _____

Home Phone: (_____) _____ Mobile: (_____) _____

Emergency Contact: _____Emergency Phone (_____) _____

E mail: _____@_____

Dojang Name _____ Instructor Name:_____

I understand and appreciate that physical injury and related damages are an inherent and necessary risk of participation in the sport of Judo and Martial Arts. I expressly assume all such risks. I agree to read and follow the rules and regulations of the Arizona Freestyle Jud/Sitan Gym Arizona LLC. I accept full responsibility for the cost of medical and/or other treatment for any injury or damages, which I may sustain. I release hold harmless and waive all claims against the promoters, operators and sponsors, individually or collectively, for any and all injury or damage I may sustain while attending or participating in this championship, including any claim for negligent supervision, instruction and/or maintenance of the facilities. Organizing committee has the right to refuse entry or admission. No refunds given.

* Please indicate your acceptance of this waiver. (If under 18 this release and consent must by parent or guardian).

Initial here _____

Participant's parent or legal guardian's full name. This person acknowledges they are truthfully answering the above registration and will sign participation waiver during or have present during credential pickup. For participants 17 years and under in age. Participants will not be able to compete without a signed waiver.

* Please indicate your acceptance of this waiver. (If under 18 this release and consent must by parent or guardian).

Initial here _____

I further understand that any pictures taken of the minor child or in connection with this athletic organization may be used by the SITAN GYM for publicity or promotion without compensation.

* Please indicate your acceptance of this waiver. (If under 18 this release and consent must by parent or guardian).

Initial here _____

Parent/ Competitor Printed Name: _____

Parent/ Competitor Signature: _____ **Date:** _____

$35 Fee Paid on Date_____

Cash___ **Credit Card**____