



Registration Form

Name.....

Age.....D/O/B..... Gender..... Belt / Rank.....Level:.....

Dojo Name.....

Sensei Name.....Dojo Telephone.....

I wish to compete in: (please fill in division numbers from the schedule of events)

Kata ____ **Kumite** ____ **Open** ____

Entry Fee: Online Early Registration (Before February 11th , 2017)

***Kata or Kumite \$60.00 Both \$70.00 *Open Division \$50.00**

Spectators: \$12.00 - Child under 4 free

Late Registration (After February 10th) Add ____ \$25.00 Administrative late Fee

ALL REGISTRATION IS DONE ONLINE VIA TeamTokeyHill.com

Waiver:

I, the undersigned do hereby volunteer my application for the attendance and participation in Big Apple Challenge directed by Tokey Hill on February 10th & 11th, 2017 and do hereby assume full responsibility for all injuries, damages, or losses that I may sustain or incur, If any, while attending/participating. I do hereby waive all claims against, Tokey Hill, Team Tokey Hill LLC, Kennedy Memorial Park, and or any other affiliates of the Event individually or otherwise, for any claims or injuries I may sustain. I fully understand that any medical treatment given to me will be first aid type only. I certify that I am in good health and without injuries or physical disabilities. I consent that any pictures furnished by me or taken of me in connection with the tournament can be used for publicity, promotion, or television showing and waive compensation in regard thereto. I further agree to conduct myself with decorum in the spirit of Karate-Do.

Signature..... Date..... Parent/Guardian (under 18).....