

# CENTRAL STATES OPEN KARATE CHAMPIONSHIPS

NAME (Print) \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
STREET CITY ZIP PHONE

KARATE SCHOOL OR CLUB NAME \_\_\_\_\_

INSTRUCTOR'S NAME \_\_\_\_\_ MY RANK \_\_\_\_\_

PLEASE CHECK YOUR EVENTS:  PKS FORM    MUSICAL    MEGA    TEAM  
 TRADITIONAL WEAPONS    CREATIVE WEAPONS    CREATIVE FORM    TRADITIONAL FORM  
 PERFORMANCE    SPARRING    TEAM SPARRING

I, the Undersigned, do hereby apply for participation in the P.K.S. Karate Championships. I do hereby assume any and all responsibility for any and all losses, damages, and/or injuries I may sustain or incur, if any, while attending and participating. I hereby waive any and all claims against the officials, host, promoters, operators, sponsors and fellow participants of the tournament, individually, or jointly, for any losses, damages and/or injuries. I also agree that any and all photographs taken by the officials of the tournament action are the sole property of the tournament officials, to be used as they wish. If the undersigned is under 18 years of age, this release must be signed by a parent or guardian.

\_\_\_\_\_  
CONTESTANT'S SIGNATURE

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**NCKA Schedule 2009-2010**

Feb 21      MN State Open  
 Mar 14      Eau Claire Open  
 April 11    NCKA Finals

Number of Spectators	= \$	
Number of Events	= \$	
Family Discount	= \$	
Total Due	\$	