

Entry

AMERICAN WARRIOR

MARTIAL ARTS TOURNAMENT SERIES

"One of the Few Remaining Traditional Martial Arts Tournaments"

Form

- Pre-Registration Option.....** (or register tournament morning between 9:00-10:00 a.m.)
- 1) Acquire an AMERICAN WARRIOR entry form either by mail, our website... **kangdown.com** or call in advance and stop in at the Kang Do Won Martial Arts Institute, 1269 E. 305th, Wickliffe, OH 44092, (440) 943-2900.
YOU MAY MAKE COPIES OF THIS ENTRY FORM AS IS NECESSARY.
 - 2) All pre-registration entry forms and fees **MUST be received no later than the THURSDAY** prior to tournament day. Entry forms must be completed accurately, in their entirety and printed. The liability waiver must be filled out and signed by the competitor. If the competitor is younger than 18 years of age, it must also be signed by his/her parent or legal guardian. Make checks payable to : **Gary M. Hotchkiss**. No refunds are issued for 'no shows'.
 - 3) Pick up your competition wristband (you cannot compete without it) at Station 2 on tournament morning. You are then authorized to enter the tournament competition area.

I, for myself, my heirs, executors and administrators, waive and release any and all rights, claims and expenses (medical, legal and otherwise) for injuries or death and damages I may have against the American Warrior Martial Arts Tournament (hereafter known as The Tournament) and it's principals and representatives, Gary M. Hotchkiss, Kang Do Won Inc., The City of Willowick, all sponsors and their representatives and any and all claims of damages, actions, whatsoever in any manner, as a result of my participation in The Tournament. I acknowledge that I have examined the competition area and approve of it's safe condition and suitability for this athletic competition. I understand and accept that martial art competition involves aggressive body contact and as such, acknowledge that I am aware of and willingly accept the inherent risks and potential for injury or death in participating in The Tournament due to my error or other competitor error and/or body contact with any or all of the following: body, floor, mat, wall, weapon, board, chair, bleachers, table or other object. I attest and verify that I have sufficiently trained for this type of athletic competition and that I am physically and mentally fit, and have no medical condition(s) that would prohibit my participation in The Tournament. I acknowledge that I have examined in their entirety and willingly accept all the competition rules and policies of The Tournament and agree to obey and abide by said rules and policies, which I also agree if not obeyed will be punishable by immediate expulsion without monetary refund. I grant permission to have any necessary First-Aid administered to me and agree to allow, without compensation, the unrestricted use of any photographs, digital pictures, films or video of myself. I agree that I must take care in filling out this entry form and that no refunds will be issued due to clerical error. I acknowledge and agree that Sparring Competitors **MUST** provide all their own safety gear which includes Head, Hand, Foot, Chest and Teeth Protectors and that males **MUST** have Supporters with Groin Cups. I understand and agree that I may not borrow safety gear from another competitor and that failure to have all of my own mandatory safety gear shall result in disqualification, without refund. I also acknowledge and agree that the Tournament Director reserves the right to deny admission to any person he deems undesirable and that any competitor or spectator may also be expelled from the premises at the Tournament Director's discretion with no refund given.

In acceptance of this waiver and all the rules and policies, I sign my name this ____ day of _____, 20____.

Competitor ★ Parent/Legal Guardian (if Competitor is under 18 years of age)
Instructor's signatures WILL NOT be accepted.

Name _____ Age _____ Birthdate _____ Sex _____
 Street _____ City _____ State _____ Zip _____
 Phone (____) _____ Height _____ Feet _____ Inches Weight _____ Pounds
 E-Mail Address _____ Martial Art School _____
 Instructor 's Name _____ Instructor's Rank _____ School Code

Present Rank : Grade (Number) _____ Belt (Color) _____ (circle your Competitor Classification below)
 Beginner Intermediate Advanced Black Belt

Tournament Fees

\$45.00 ONE of TWO EVENTS
\$5.00 EACH ADDITIONAL EVENT
\$5.00 SPECTATORS

Make checks payable to : Gary M. Hotchkiss
4 yrs. & older

In the boxes below, enter the Division Number of each Event you are competing in:

1st Entry	2nd Entry	3rd Entry	4th Entry	5th Entry	6th Entry	7th Entry	8th Entry	9th Entry	10th Entry

For Synchronized Team Form and/or Interactive Combat Form, enter the name(s) of your partner(s) in this box :

Any competitor registering after 10:00 a.m. will be charged a \$5.00 LATE ENTRY FEE in addition to the regular entry fee.							
	Weigh-in	Checker	Writer	\$ Spectator	\$ Late Fee	\$ Registration	Competitor #