



# Entry Form

Pre-Registration Options..... (Or register tournament morning between 9:00-10:00 a.m.)

1. Acquire an AMERICAN WARRIOR entry form either by mail, e-mail, our web site (www.kangdownon.com), or call in advance and stop in at the Kang Do Won Martial Arts Institute, 36445 Biltmore Pl. Unit B-1, Willoughby, OH 44094. Phone - 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 the 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 present legal guardian.

Make checks payable to : **Gary M. Hotchkiss.**

No refunds are issued for 'No Shows'.

3. Pick up your competition wristband (you can not 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 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, 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 of filling out this entry form and that no refunds will be issued due to clerical error. I acknowledge and agree that Sparring Competition **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 signature WILL NOT Be accepted.\*\*\***

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches Weight \_\_\_\_\_ (Pounds)

E-mail \_\_\_\_\_ Martial Arts School \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Instructor's Rank \_\_\_\_\_

Present Rank : Grade (Number) \_\_\_\_\_ Belt (Color) \_\_\_\_\_

Circle your competitor classification below

Beginner Intermediate Advanced Balck Belt

School Code

## Tournament Fees

\$45.00 One or Two Events

\$5.00 Each Additional Event

\$5.00 Spectator Fee

4 years and older

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

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

BELOW THIS LINE FOR OFFICIAL USE ONLY

Any competitor registering after 10:00am will be charged a LATE ENTRY FEE in addition to the regular entry fee.

Writer

Checker

Weigh In

\$ Spectator

\$ Late Fee

\$ Registration

Competitor #