

2017 ULTIMATE SLAM REGISTRATION FORM

REGISTRATION MUST BE POSTMARKED BY PRE REG DATE FOR PRE REG PRICES TO BE HONORED - THANK YOU!
 Make Copies Of This Registration Form - Please Print Clearly - One Form Per Competitor - Please Print Clearly - Make Copies Of This Registration Form

1. COMPETITOR INFORMATION:

Last Name: _____ First: _____ M/ F: ___ Weight: _____

Rank: (Circle) NOV INT ADV BLK E-Mail: _____

Birthdate: ____ / ____ / ____ Competition Age (as of 1/1/17): _____

Address: _____ City: _____ State _____ ZIP _____

Home Ph: _____ - _____ - _____ Emergency Ph: _____ - _____ - _____

Instructor: _____ Team: _____

Dojo: _____ Emergency Ph: _____ - _____ - _____

2. LIST DIV #'S ENTERING:

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 Example- N-5 _____

Please Print
Clearly

How did you hear about the Ultimate Slam ? (circle)

Brochure Mailing
 TigerClaw.com
 Word of Mouth
 Internet
 Flyer at a Tournament

3. DEADLINES, FEES & PAYMENT INFORMATION:

PRE-REG BEFORE APR 22 AT DOOR QTY X COST= TOTAL
MAIL IN

2017 ULTIMATE SLAM	COMPETITORS						
Tournament Date: April 29, 2017	First Division	\$50	\$65	1	X	\$	= \$
Location: El Camino HS 1320 Mission Rd, SSF, CA 94080	Each Additional	\$20	\$30		X	\$	= \$
Doors Open: 8AM	Sparring Teams	\$80	\$100	1	X	\$	= \$
Competition begins: 9:30AM	Coach's Pass	\$20	\$20	1	X	\$	= \$
Promoter: Mauricio Lama	YOU CAN ALSO GO TO CKCHAMPIONSHIPS.COM TO REGISTER ONLINE.						
Phone: 415-517-4607	SPECTATORS						
	Each Person	\$10	\$10		X	\$	= \$
	5 & Under Free						
TOTAL DUE = \$							

4. COMPETITORS & PARENTS PLEASE READ & SIGN BELOW

To be filled in by CKC Staff ONLY.

RCVD: ____ / ____ / ____ AMT: \$ ____ #: ____ Processed by _____

STAMP

Checkklist - DID YOU:

- Fill in the correct division #'s @ BOX 2? (Double check! Ultimate Slam is not responsible for divisional entry errors. Absolutely NO AT DOOR Division Switching.)
- Please Sign the release on this enrollment form and fill out player cards per div.
- Make M.O./Checks for correct amount payable to: **Lama's Kenpo Karate**
- Mail THIS FORM, & PAYMENT to: **Lama's Kenpo Karate**



461 Cortland Ave,
San Francisco, CA 94110

Questions? Call 415-517-4607

POSITIVELY NO REFUNDS - PLEASE DON'T ASK

I, hereby waive any and all rights or claims I may have against Mauricio Lama, Lama's Kenpo Karate, California Karate Championships, Stormline, it's events, it's staff, vendor's, volunteers or Sponsors. Cities and Districts of Lama's Kenpo Karate Sanctioned events, all Lama's Kenpo Karate Sanctioned Tournaments, and all their agents, servants & employees, and I hereby release & discharge them from any and all claims resulting from injuries, including death, damages or loss, which may accrue to me or my heirs arising out of or in any way connected with my attendance &/or participation at any Lama's Kenpo Karate sanctioned event. I represent and warrant that I am physically and mentally fit, able to participate, & I do hereby assume responsibility for my own well-being, understanding that participation involves bodily contact. I have read, understand and agree to abide by the Lama's Kenpo Karate rules associated with Lama's Kenpo Karate events & assume all responsibility & any liability for infringement of such rules & agree to accept the tournament arbitrator's decision as final. I consent to allow any reproductions of me or likeness created in any manner whatsoever, photographed, filmed or video taped in connection with the Lama's Kenpo Karate events which can be used for instruction, publicity, promotion or television broadcast & I waive any & all compensation in regards thereto. I agree that I have obtained permission from the artist's of any music I use in conjunction with my competition & verify by signing this permission that in doing such, I will indemnify, defend & hold harmless all the above named parties from any liability for use of such music & that this artist's permission permits the above named parties to use such music in recorded performances of myself for instructional purposes, publicity, promotion, video &/or televised broadcast & I waive any & all compensation for such.

X STAFF/OFFICIALS MUST ALSO SIGN THIS WAIVER
 Competitor or Parent/Guardian Signature Assuming responsibility if under 18 _____ DATE _____

Thank you for your HARD WORK & LOYAL SUPPORT for the ULTIMATE SLAM ! We appreciate YOU!

Circle: Judge Score/Time keeper Other _____ Are you Competing? Y/ N _____

Rules experienced in: SKITA NASKA Other _____ Style(s) _____ Yrs exp. Officiating: _____

Judging Prefrences: (Circle) Forms - Trad / Contemp Sparring- Point / Team Weapons- Trad / Contemp

Name _____ Age _____ Phone: _____ Mobile: _____

Address _____ City _____ ST _____ Zip _____

Dojo: _____ Phone _____ E-mail: _____