

INTER-SCHOOL SPARRING TOURNAMENT REGISTRATION FORM

Saturday November 22nd
 Check In Time: 2:30pm

Held at:
 Integrity Martial Arts
 8871 Gorman Road - Suite 200
 Laurel, MD 20723

Last Name:		First Name:		Age:	
Address:			City:	State:	Zip Code:
<input type="checkbox"/> Beginner	<input type="checkbox"/> Advanced	Phone Number:		Email:	
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Black Belt	Belt Rank:	School Name:		

WAIVER OF INJURY

Please read the following and sign. Guest student, or parent/guardian of guest student, represents that he or she is in good physical condition and able to participate in exercises made available through Integrity Martial Arts, 8871 Gorman Rd #200, Laurel, MD 20723 and the Smart Coach Center on Route 108 in Columbia, MD/You Can Do It, LLC, hereafter they are both referred to as "The Studio". The Studio, Steven Frost and Michael J. Garant represent that they are trained in martial arts instruction. The Studio further represents that they have no experience in diagnosing, examining, or treating medical conditions of any kind or in determining the effect of any specific exercise on said medical condition. Guest student, or parent/guardian of guest student, fully understands that in participating in the Sparring tournament, or using the facilities maintained by the studio, there is the possibility of accidental or other injury. Guest student, or parent/guardian of guest student agrees to assume the risk of such injury and further agrees to indemnify The Studio, Steven Frost and Michael J. Garant from any and all liability by The Studio, Steven Frost and Michael J. Garant by either the Guest student, or parent/guardian of guest student, or third party as the result of the use by the Guest Student of the facilities and instructions offered by The Studio, Steven Frost and Michael J. Garant

By signing below, you certify that you comply with this waiver.

Parent/Guardian name: _____

Parent/Guardian signature: _____
 (I certify that I am at least 18 years of age)

Date: _____

Adult name: _____

Adult signature: _____
 (I certify that I am at least 18 years of age)

Date: _____

In order to spar in the tournament on tournament day everybody must have **full gear!** Ladies must have headgear, a mouth guard, chest gear, hand gear, shin guards, and foot gear. Gentleman must have *all* of the same gear in addition to a groin cup!

Please indicate the Division Number of each of the events you wish to participate in: _____	ENRTY FEE	PAID
	\$5.00	