

Adult

Weight IN: _____

Division/Event: _____ / _____

Escrima Goodwill Tournament REGISTRATION FORM

Name _____ Age _____ Sex _____
 Address _____
 City _____ State _____ Zip code _____
 Name of Instructor _____ *Acknowledge as: _____
 *Your Style _____ * Name of School _____
 (* mandatory field please fill out)
 *E-mail address: _____ contact #: _____

Entry fee: \$25.00 one event \$5.00 Additional event

DIVISIONS:

Novice

Zero to 2 years training
 Lightweight 149lbs and under (E-1) _____
 Middleweight 150 to 180lbs (E-2) _____
 Heavyweight 181lbs to 200lbs over (E-3) _____

Advanced

2 or more years training
 Lightweight 149lbs and under (E-5) _____
 Middleweight 150 to 180lbs (E-6) _____
 Heavyweight 181lbs to 200 lbs over (E-7) _____

Carranza (FORMS) (Men & Women)

Novice Zero to 2 years training (E-9) _____
 Advanced 2 years or more training (E10) _____

Women Open FULL Contact (E-11) _____

SOLO Daga Open Division (Adults ONLY) (E-12) _____

Release Form of Liability (read before signing)

I, the undersigned, do voluntarily submit my application for the attendance and participation in the Escrima Goodwill Tournament. I will abide by the rules of the tournament and the final decision of the officials and willingly accept the terms and conditions, thereto. I fully recognize and acknowledge that this competition frequently involves physical contact despite the necessary safety precautions and rules, and I enter such competition at my own risk, free from any physical defects and illness that might prohibit competition. Therefore, I assume full and complete responsibility for any and all damages, injuries and losses that I may sustain or incur. I release the promoters, sponsors, operators, officials, Kilauea Gymnasium or the other competitors individually or otherwise, from any and all obligation and liability for injury to myself while attending or participating in this competition. I realize and acknowledge only first aid will be rendered at the tournament site, and certify before entering the tournament to be enrolled in a health insurance plan required to obtain professional treatment in the event of a medical emergency or situation. I certify that the above information is correct and accurate to the best of my knowledge.

Contestant's Signature: _____ Date _____

Parent's Signature (if under 18yrs:) _____ Date _____

NO REFUNDS