



**Y.D. KIM KARATE and FITNESS  
12<sup>th</sup> INTER-SCHOOL TOURNAMENT**

**Location: Trinity United Methodist Church  
1200 W. Green Oaks Blvd, Arlington, TX 76013  
May 21st (Saturday), Registration: 8:30AM  
Official Entry Form**

Name: \_\_\_\_\_ Belt Rank: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School Name: \_\_\_\_\_ Phone (     ) \_\_\_\_\_

School Address: \_\_\_\_\_

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

**Divisions**

Forms       Sparring       Breaking       Weapons

**Fees for Tournament:**

Tournament Fees	\$50 Flat Fee (1 -4 events)	Tournament Fees	\$ _____
Board Fees	\$10 for 3 boards x _____	Board Fees	\$ _____
	\$55 Late Register After 19th		
		<b>TOTAL</b>	<b>\$ _____</b>

**Cash, Check (Payable to Y.D. Kim Karate) or Credit Card payment only.**

\_\_\_\_\_  
Credit Card Number Expiration Date

**Liability Waiver**

I hereby submit my application for registration in this Y.D. Kim Karate and Fitness Event. I agree to waive Claims and do not hold harmless against any person(s), employee, organization, or facility connected/affiliated with this Event for injuries I may sustain and likewise assume full responsibility for all of my actions in connection with said Event. I understand that any pictures of my participation in the said Event may be used for publicity without notice or compensation.

\_\_\_\_\_  
Signature of Participant                      Date                      Parent/Guardian                      Date