

TEAM ELITE MARTIAL ARTS

1ST ANNUAL WINTER SHIAI REGISTRATION FORM

To register fill out (print or type) and return this application form with cash to Team Elite Martial Arts Office at
730 Upper James Street Hamilton Ontario L9C 2Z9.

Competitor's Name:

Club/School Name:

Address:

Address:

City: Prov: PC:

City: Prov: PC:

Phone: Email:

Phone: Email:

Gender: Male or Female (circle one) Age: _____ (as of January 1st)

Rank: Novice Intermediate Advanced Black Belt

I would like to compete in the following divisions (Circle one per division)

Point Sparring	Novice	Intermediate	Advanced	Black Belt
LC Sparring	Novice	Intermediate	Advanced	Black Belt
Kata/Forms	Novice	Intermediate	Advanced	Black Belt
Weapons	Novice	Intermediate	Advanced	Black Belt
Open/Extreme Forms	Novice	Intermediate	Advanced	Black Belt
Self Defense	Novice	Intermediate	Advanced	Black Belt
Breaking	Novice	Intermediate	Advanced	Black Belt

Pre Registration Fee: \$20.00 Per Division Before January 15th, 2022.

Cost After January 15th is \$25.00 Per Division.

Spectator Fee: \$5.00.

Division Fee(s): \$ _____ Spectator Fee(s): \$ _____ Total Competition Fee: \$ _____

Division Ages: (circle one) Under 6 yrs Under 10 yrs Under 14 yrs Under 17 yrs 18 yrs + 35 yrs +

Division Weight: (circle one) - 84KG + 84kg 45 yrs + 55 yrs +

I, _____, and my heirs, in consideration for my being allowed to participate in an activity held at, or on a Recreational Facility, I hereby release the officers, employees and agents, the tournament organizers, the shihan school or Team Elite Martial Arts Limited or anyone involved in anyway with the tournament, from any liability for Damage to, or loss of personal property, sickness and injury from whatever source, legal entanglements, imprisonment, death, loss of money, etc., which might occur while participating at, or in a Recreational facility. I understand the risks of such participation, which include broken bones, strains, sprains and fatigue, to name but a few. I agree to abide by the posted safety rules, adhere to the wearing of appropriate clothing and safety equipment and to conduct myself in a safe and responsible manner. I attest and verify that I am physically fit to participate in these activities. I further understand that Team Elite Martial Arts Limited provides no medical coverage for these activities. Should I incur medical expenses, I understand that I am solely responsible for such costs. I also agree that any photos and videos taken of me during the tournament can be used by the tournament organized for publicity or promotion without compensation to me. I understand that participation is voluntary and I freely choose to participate. I understand that Covid 19 Policies will be met and adhered to during the Shiai event during my time of participation. I agree to have provided proof of Vaccination to participate in the shiai event.

I have read the above information thoroughly and voluntarily agree to the terms and conditions.

Competitor Signature/Guardian (must be at least 18 years Old) _____ Date _____