



GRANDMASTER TOBY COOLING MEMORIAL TOURNAMENT

NAME _____

AGE _____ BELT/RANK _____ STYLE _____

NOVICE _____ INTERMEDIATE _____ ADVANCED _____ BLACK BELT _____

SCHOOL/TEAM _____

HOME ADDRESS _____

HOME PHONE _____

EMAIL ADDRESS _____

Early Registration: \$55.00 for TWO events / \$10.00 each additional (April 30 – June 15)

Regular Registration: \$65.00 for TWO events / \$10.00 each additional (June 16 – July 15)

Late Registration: \$75.00 for TWO events / \$10.00 each additional (July 16 – August 15)

ONLINE Registration Closes August 15

At the Door Registration: \$75.00 for TWO events / \$10.00 each additional

Handicapable and Basics Divisions \$35.00 (no deadlines)

FORMS _____

HANDI-CAPABLE _____

WEAPONS _____

FIRST TIMERS _____

POINT SPARRING _____

WAIVER: I understand that the practice of Karate and specifically tournament competition is inherently a contact sport and as such, I know that physical injury can occur. As consideration for being allowed to compete in this tournament, I hereby assume all responsibility for and all risk of damage or injury that may occur as a participant in this tournament. Specifically, I agree to release and will hold harmless and fully indemnify for all claims which might arise against **ORDER OF ISSHINRYU MARTIAL ARTS** and **Bohemia Manor High School**, and any persons affiliated with this tournament in any way or cause of action on account of any injury which may occur from my participation in the **GRANDMASTER TOBY COOLING MEMORIAL TOURNAMENT**. By signing this document, I acknowledge that I have read the rules and agree to abide by them and assume full responsibility for any and all my actions during this tournament. If under the age of 18 years, a parent or legal Guardian must sign this waiver. Safety Gear is **MANDATORY** if sparring; Head, Hands, Feet, Mouth, and cups required. The undersigned has read the above waiver and release, fully understands all and signs voluntarily.

Signature: _____ Date: _____

Parent/ Guardian: Must sign if under 18 years of age: _____

Please mail completed registration form to:
Chris Taggart 38 Windflower Dr. Newark, DE 19711
Be sure to include your check payable to: Order of Isshinryu