

SAN DIEGO BRAZILIAN JIU-JITSU KIDS TOURNAMENT

COMPETITOR ENTRY FORM

PRE-REGISTER by Sept 10th \$25.00 Late Registration: \$35.00

Academy/School: _____ Instructor: _____

Sex: Male Female Age: _____ Weight (with gi on) _____

Name: _____ E-Mail _____

Address: _____ City _____ Zip _____

Phone: (_____) _____

Emergency contact: _____ Phone: (_____) _____

Belt/Rank: (circle one) White Yellow Orange Green

LIABILITY WAIVER

I understand that by entering this competition, I will be competing at my own risk. I understand that jiu-jitsu is a potentially dangerous and/or fatal sport and understand that participation in this event has a certain amount of risk of injury, serious injury or death. I agree that I will hold harmless Dojo Americana, it's agents, owner(s), staff, lessor, and employees, the City of Oceanside and each of their agents, employees and representatives from any liability in case of my injury or death at this tournament or as a result thereof. I also state that I am in good physical condition and know of no reason why I cannot participate in this tournament. I understand that it is recommended that I have valid health insurance to cover cost of such injuries. In the event of an emergency I hereby authorize any licensed medical personnel to perform any accepted medical procedure deemed necessary and I agree to bear the expense of such treatment. I understand and agree that I may be photographed and/or filmed and video taped during this event. I further agree and understand that my image and performance might be used for promotions, or for commercial purposes.

Signature of Applicant _____

Parent/Legal Guardian _____

Please return this form along with check on or before September 10th, 2008 with payment payable to Mark Hopkins Productions. Mail to Dojo Americana, 515 Vista Way, Oceanside, CA 92054