

John Pachivas Memorial Shuri Cup

PLEASE RETURN CHECK AND APPLICATION TO

Columbia School of Karatedo

604 Meeting St., West Columbia SC 29169

E-Mail OeyeC@aol.com – Phone/Fax 803-794-3908

PRE-REGISTER BY June 10, 2008

DIVISIONS COMPETING IN

(Check all that apply)

Kata _____

Kumite _____

International Kata _____

Weapons: Long _____ or Short _____

Team Kumite: _____ Name _____

Team Kata _____ Name _____

COMPETITOR FEES:

_____ 1 Event \$30

_____ 2 Events \$35

_____ 3 Events \$40

_____ 4 Events \$45

_____ Team Kumite \$10 per person

_____ Team Kata \$10 per person

_____ \$5 Late Fee (If registered after deadline)

_____ **TOTAL PAID**

All black belts must
compete in the
Advanced Division.

All brown belts age 14
and over must register in
the Advanced Division.

PLEASE FILL IN ALL INFORMATION

Last Name _____ First _____ Middle _____

Signature _____ Email _____

Home Telephone _____ Date of Birth _____ Age _____

Belt Color _____ Yrs Training: 0-1 1-2 2-3 3-4 4+ Weight _____ Gender _____

Address _____ City _____ ST _____ Zip _____

Dojo (REQUIRED) _____ Instructor _____

PLEASE READ BEFORE SIGNING

(1) I do hereby voluntarily submit this application for attendance and participation in the South Carolina Open held on the date above, and hereby assume full responsibility for all injuries, damage, or losses, including death, that I may sustain or incur, while attending or participating, and I hereby waive all claims of any nature, including any negligent act or omission, against Ridgely Abele, Tri-City Leisure Center, Lexington County Recreation Commission, Columbia School of Karatedo, their instructors, officers, members and employees, individually or otherwise for any claim for injuries I may sustain. (2) All entries are final, no refunds will be given. (3) I fully understand that any medical treatment given me will be of first aid type only. (4) I consent that any picture taken of me in connection with the tournament can be used for publicity, promotion, or television showing, in the present or future and waive any compensation in regard thereto. (5) I understand that the tournament directors reserve the right to combine or cancel any division, or place any individual competitor in a different division in accordance with their size, age, belt color, or experience level. (6) This release must be signed by a parent or guardian if the above is 18 years of age or younger.

Parent or Guardian Signature

Date