

AGE: _____ YEARS EXPERIENCE: _____ RANK: _____ STYLE: _____

**KATA AND FREESTYLE TOURNAMENT
COMPETITOR REGISTRATION FORM
*****REGISTRATION BEGINS AT 9:30AM*******

Kids 11:00-12:30

Seminar 12:30-2:00

Adult Tournament 2:00



NAME: _____ MALE/FEMALE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TEL (DAY): _____ TEL (NIGHT): _____

EMAIL: _____

DOJO: _____ INSTRUCTOR: _____

RELEASE AGREEMENT: FOR AND IN CONSIDERATION OF MY PARTICIPATION IN THE FOREGOING EVENT SPONSORED BY JUJITSU AMERICA AND NIKKO JUJITSU SCHOOL, I INTEND TO BE LEGALLY BOUND, HEREBY MYSELF, MY HEIRS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS TO DAMAGE OR CLAIMS AGAINST SAID ORGANIZATIONS, ITS GOVERNING BODY, OFFICIALS, AND MEMBERS FOR INJURIES OR RIGHTS TO DAMAGES SUFFERED BY ME DIRECTLY OR INDIRECTLY AS A RESULT OF ATTENDING, PARTICIPATING IN, PRACTICING FOR, TRAVELING TO OR FROM SUCH EVENT, OR AGAINST JUJITSU AMERICA, WILLY CAHILL, RICHARD BUNCH, GOVERNING BODY, STAFF MEMEBERS OR INSTRUCTORS. I FURTHER CERTIFY THAT I AM IN PROPER HEALTH AND PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITIES.

Participant name: _____ Date: _____

Parent/Legal Guardian (If under age of 18): _____ Date: _____

PLEASE USE ONE FORM PER COMPETITOR

TOURNAMENT FEE: \$15.00 AT THE DOOR

MAKE CHECKS PAYABLE TO: JUJITSU AMERICA

Any inquiries, please contact Professor Richard Bunch at 408.296.4956

PARTICIPANT 1 - NAME: _____

AGE: _____ YEARS EXPERIENCE: _____ RANK: _____ STYLE: _____

PARTICIPANT 2 - NAME: _____

AGE: _____ YEARS EXPERIENCE: _____ RANK: _____ STYLE: _____

NAME OF KATA SERIES (YAWARA, NAGE, OKU, KIME NO OR OTHER): _____

KATA TEAM LIST OF TECHNIQUES

The Head Judge will recite the Participants techniques to be performed.

PARTICIPANT 1 _____
(Name)

PARTICIPANT 2 _____
(Name)

1.) _____

1.) _____

2.) _____

2.) _____

3.) _____

3.) _____

4.) _____

4.) _____

5.) _____

5.) _____

6.) _____

6.) _____