

# 2014 ROHAI DOJO KATA TOURNAMENT CHILD/TEEN REGISTRATION FORM

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_ Rank \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Dojo: Rohai \_\_\_ Redwood \_\_\_ Hoa Sen \_\_\_ Tuyet Tan \_\_\_ Other \_\_\_\_\_

EVENTS ENTERING (check box for each event entering):

- Kata (Forms)
- Open Kata (creative kata)
- Team Kata (Partner's Name: \_\_\_\_\_)
- Parent/Child Team Kata (Partner's Name: \_\_\_\_\_)
- Weapons Kata (purple belts and above)

**Preregistration by March 5th:** \$30 for one event, \$5 for each additional event.

**Registration after March 5th:** \$35 for one event, \$5 for each additional event.

Send or bring registration and appropriate fee to: Berkeley Cuong Nhu Karate  
1819 San Pablo Avenue  
Berkeley, Ca. 94702

**Make Checks Payable to: Berkeley Cuong Nhu Karate (\$10 cancellation Fee 24 hrs before event)**

Berkeley Cuong Nhu Karate reserves all rights to dismiss from the tournament any students, at any time, for misconduct, bad manners or actions that may convey a bad image.

## RELEASE: CHILD AND TEEN

I, \_\_\_\_\_, the undersigned, being parent or legal guardian of \_\_\_\_\_ hereby agree that I shall hereafter and forever fully release John Burns, his agents, his instructors, and all members of Berkeley Cuong Nhu, from any cause of action, claim or liability for damages or expenses including but not limited to any claims for personal injury which may result from my child's participation in karate training, instruction or related activities. I am fully aware and expressly understand that training and instruction in the martial arts requires strenuous exercise and activity and necessitates bodily contact during sparring, sparring forms, and at other times as part of the instruction in karate, and I am fully aware that any and all the aforementioned activities, and others may result in bodily injury to my child. I warrant that my child is in generally good health and physical condition, and that to the best of my knowledge my child does not suffer from high blood pressure, heart ailments, or any other latent physical disabilities.

Signature (Parent or legal guardian) \_\_\_\_\_ Witness \_\_\_\_\_

Signature (student) \_\_\_\_\_ Date \_\_\_\_\_