

# Registration Form

**RANK**  
**CIRCLE ONE**

BEGINNING  
White Yellow Orange

INTERMEDIATE  
Green Camo Lime Blue

ADVANCED  
Red Brown Purple  
Black Youth

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE as of **January 1, 2008** \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

MA SCHOOL NAME \_\_\_\_\_ INSTRUCTOR NAME \_\_\_\_\_

TEAM NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

*(Sparring Teams & Forms Team)*

TEAM MEMBERS \_\_\_\_\_

## Pre Registration Deadline May 5th

<u>Pre Registration Pricing</u>	<u>Door</u>	<u>Division No.</u>	<u>Totals</u>
Event 1	▼ \$30	▼ \$35	_____ = \$ _____
Event 2	\$10	\$15	_____ = \$ _____
Event 3	\$10	\$10	_____ = \$ _____
Event 4	\$10	\$10	_____ = \$ _____
Event 5	\$10	\$10	_____ = \$ _____
Event 6	\$10	\$10	_____ = \$ _____
Adult Team Spar	Player Price \$25	Team Price \$75	_____ = \$ _____
Spectators	\$5	\$5	_____ X _____ = \$ _____
			Total = \$ _____

# Saturday, May 10th

I, \_\_\_\_\_ the undersigned release Champion Sport Karate, Michael and Nicole Bilgere, all officials, and all associated with Champion Sport Karate and the Omaha Classic Tournament in any capacity, from liability due to injuries, etc., that I may incur as a result of my attendance and or participation at this event. I also waive compensation what so ever for the use of pictures, movies, media coverage, etc., utilized by those associated with this event for profit making motives at anytime. I clearly understand that the fighting aspect of this event involves contact. I have read and understand the above. I am fully mentally and physically fit to compete. I absolutely declare that I am covered by health insurance. I may also be requested to provide proof of age upon request. Sign Below.  
Sign \_\_\_\_\_ Adult \_\_\_\_\_

Mail Registration to:  
**Champion Sport Karate**  
1712 Charleston Drive  
Papillion, NE 68133

### Cash, Money Orders, Cashier Checks, Credit Cards

Visa \_\_\_ Mastercard \_\_\_ Exp. Date \_\_\_\_\_  
 Exact Name on Card \_\_\_\_\_  
 Acct. Number (16 digits) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Signature  
 \_\_\_\_\_ Or bill my account on file  
 \_\_\_\_\_  
 Signature

