

WORLD OYAMA KARATE ULTIMATE CHALLENGE KARATE CHAMPIONSHIP

Exceptional Foundation Saturday, April 20, 2024



CHILDREN DIVISION

REGISTRATIO	DN: 10:00 A.M.	COMPETITION: 10:30 A.M.
REGISTRATION: 10:00 A.M. ENTRY FEE: \$ 35.00 per fighter Name: Age: Rank: Home Address: State Zip Phone: Style: Instructor: Dojo Address: Dojo Phone:		
Name:		Age: Rank:
□ CASH	MAKE CHECK PAYABLE TO: WORLD OYAMA KARATE MAIL TO: WORLD OYAMA KARATE	CREDIT CARD (Visa/Mastercard) Card Number Expiration Date
	1804 29 TH Ave South Birmingham, AL 35209	Signature
Knockdown Kara and that each fig my health. I furth Championship as Saiko Shihan Y. the Ultimate Cha to assume those	te Championship will necessitate me fig ht in which I participate is potentially ext ner understand that I will probably be h is a result of my voluntary participation in Oyama, their agents or employees, and Ilenge Knockdown Karate Championshi risks.	dge that I am aware of and understand that the Ultimate Challen in the phting with and against other combatants who will be trying to hurt retremely dangerous. In fact, every fight may be harmful or injurious narmed or injured during this Ultimate Challenge Knockdown Karan the fights. Hence, it is my wish to indemnify World Oyama Karan my fellow participants if I am injured as a result of my participation p. I know the risks that I am taking and voluntarily agree and consequences as a response to any possible injury, will be of the first aid type.
reproductions of	my likeness that of me in connection wi	ness, created in any manner whatever, furnished by me, or a ith the Ultimate Challenge Knockdown Karate Championship can uction, and waive any, and all compensation in regard thereto.
My sigr	•	g representation that I have fully read, understand, and agree
	18, this release and consent must also	•
Applicant's sign	nature Date	Parent's signature Date
		RIGHT TO REJECT OR ACCEPT ANY APPLICATION OREN DIVISION
Name:		Age: Rank:

Dojo Address: _____ Dojo Phone: _____