



Haley's Spring Classic

Saturday, May 12, 2018

Butte College Gymnasium

Doors Open at 8:00 a.m. · Tournament Begins at 9:30 a.m.

FIRST & LAST NAME _____ MALE _____ FEMALE _____ HEIGHT _____ WEIGHT _____

PHONE (____) _____ DATE OF BIRTH _____ AGE AS OF April 1 _____

ADDRESS _____ CITY / STATE / ZIP _____

YEARS TRAINING _____ BELT COLOR _____

KYU / DAN _____ STYLE _____ INSTRUCTOR'S NAME _____

DOJO NAME _____ DOJO ADDRESS _____

TOURNAMENT RULES:

1. Divisions will be determined by the number of entries. Tournament promoters have the right to refuse admittance.
2. Kumite participants must use approved helmet, gloves and a mouthpiece. Groin protection is mandatory for males. Some equipment will be available for purchase at the tournament.
3. Applications received after 4/3/17 must include a \$25 late fee. No applications will be accepted after 4/7/17. No refunds will be given.

INDICATE EXPERIENCE LEVEL:

Competitors are required to wear the designated belt.

- BEGINNER—UP TO ONE YEAR
- NOVICE—ONE TO TWO YEARS
- INTERMEDIATE—TWO TO FOUR YEARS
- ADVANCED—4+ YEARS

EVENTS:

Please check each event in which you wish to compete

- KATA
- WEAPONS
- KUMITE
- TEAM KATA

COST:

One Event..... \$50
 Two Events..... \$55
 Three Events..... \$60
 Four Events..... \$65

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Total Amount enclosed _____

In consideration for permission to participate in any activity at Haley's Martial Arts Center ("HMAC"), including all martial arts classes and instruction, today and on all future events, I, for myself, and on behalf of the minor child (ren) identified below, our heirs, personal representatives, and/or assigns, do hereby release, waive, discharge, and covenant not to sue HMAC, its directors, officers, owners, employees, independent contractors or agents, from liability for any and all claims for personal injury, illness, death, property damage, or any other claim, including but not limited to claims arising out of the negligence of HMAC, its employees, its instructors or its agents I fully understand that any medical treatment given to me in connection with this event will be first aid only. I have read and understand the tournament rules and agree to abide by said rules.

PRINT NAME _____

Minor Participant Name (Print) _____

SIGNATURE _____

Parent must sign if competitor is under 18 years of age.

Contact Information: Pat Haley · 530-895-3114

Mail Registration forms with payment to: Haley's Martial Arts Center,
 260 Cohasset Road, Suite 150, Chico, CA 95926
 Preregistration must be received by 4/3/17
 Make checks payable to HMAC

Spectators: Adults, \$5 · Children, 3-12 \$3 · NO REFUNDS

