



## Massachusetts Karate Championships Tournament Registration Form

**Date:** Sunday, April 6, 2008  
**Time:** 9:30 a.m.  
**Location:** Sutton High School  
383 Boston Road  
Sutton, MA 01590

Name: \_\_\_\_\_, \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female   
Last First  
Address: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Belt Color/Rank: \_\_\_\_\_  
Email: \_\_\_\_\_ Months/Yrs. Training: \_\_\_\_\_  
Dojo Name: \_\_\_\_\_  
Sensei Name & Phone #: \_\_\_\_\_

### I WISH TO COMPETE IN:

- Kata Division   
 Kumite Division   
 Kobudo Division   
(see chart for division #s)

### ALL FEES ARE FINAL:

- One event \$50.00
- Two events \$55.00
- Three events \$60.00
- Team Event (please submit separate team application)
- **After March 29<sup>th</sup> a \$15.00 late fee will apply**

Remit payment to: **Rossini Karate & Aiki-Jitsu, LLC**; 57 East Main Street Suite 100; Westboro, MA 01581  
Questions: (774) 239 1346 / eric.rossini@charter.net

### Adult & Minor Amateur Athletic Waiver and Release of Liability:

I, the undersigned do hereby volunteer my application for the attendance and participation in the Rossini Karate & Aiki-Jitsu, LLC Massachusetts Karate Championships at Sutton High School on April 6, 2008 and do hereby assume full responsibility for all injuries, damages or losses that I or my child may sustain or incur, if any, while attending/participating. The undersigned agrees to defend, indemnify, and hold harmless Rossini Karate & Aiki-Jitsu, LLC, its officers, managers, members, employees, agents and coaches/instructors and their successors and assigns from and against all legal liability, claims, suits, damages, losses, and expenses, including attorney fees, threatened or incurred, and arising from participation, or from any cause whatsoever. I fully realize that participation in the Massachusetts Karate Championships can be dangerous and could result in serious injury or possibly death and freely assume that risk. In the event of an emergency, I give permission for Rossini Karate & Aiki-Jitsu, LLC to give myself or my child first aid and to arrange for transportation to a hospital and to receive emergency medical treatment. I will assume all costs for medical care and transportation. Please list below any current or previous accidents, illnesses, or physical limitations that could impact, stop, or prevent you or your child from participating in the Massachusetts Karate Championships.

1. Allergies: \_\_\_\_\_
2. Medications: \_\_\_\_\_
3. Physical Limitations: \_\_\_\_\_

The above-named participant is physically able to participate in the Massachusetts Karate Championships without limitations (except as described above). I release permission for use of my or my child's picture for promotional material including brochures, advertisements, or Massdojo.com website. Names are not used in any promotional material.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if participant is under 18): \_\_\_\_\_

Please **NOTE**: Divisions may be combined at the discretion of tournament director to insure adequate match competition for all participants.