

TKA Tournament Entry Form



EVENTS

<input type="checkbox"/> Weapons	<input type="checkbox"/> Kata	<input type="checkbox"/> Kumite	<input type="checkbox"/> Chanbara
_____	_____	_____	_____
Division	Division	Division	Division

*** Please print clearly and fill out completely**

TKA# _____

Name: _____

Sex: (Male / Female) Age: _____ yrs. Rank: _____ (KYU/DAN)

Please check box if age, division or rank has changed:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Karate School Name: _____

Karate School Address: _____

Instructor's Name: _____

***Please read the following statement and sign!**

All participants under the age of 18 must have a parent/guardian's signature. The undersigned hereby releases Circle City Kicks, Capital City Karate, Foster Youth Karate Association and Tournament Karate Association from all liabilities of any nature due to any injuries that may result or arise from attendance and/or participation at Tournament Karate Association tournaments. Furthermore, I hereby release and authorize the use of any pictures, movies, media coverage, etc., utilized by those associated with this event at any time and waive any claim to compensation for the use of the same.

Signature: _____ Date: _____

News and updates, rules, tournament schedule, and point standings can be found at <http://www.us-tka.com>. For any additions questions/corrections, please call (765) 288-5000.

