

Youth

AGE: _____
Division/Event: _____/_____

Escrima Goodwill Tournament YOUTH REGISTRATION FORM

Name _____ Age ____ Sex _____
Address _____
City _____ State _____ Zip code _____
Name of Instructor _____ *Acknowledge as: _____
*Your Style _____ * Name of School _____
(* mandatory field please fill out)
*E-mail address: _____ contact #: _____

Entry fee: _____ \$25.00 one event _____ \$5.00 Additional event

DIVISIONS:

Youth Division

Full contact ONLY Age Division (Boys & Girls Division)

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*Circle: Youth
age bracket:*
.....

Boys 10 & under Division (E-13) B _____
Girls 10 & Under Division (E-13) G _____
Boys 11 - 14 yr old Division (E-13) B _____
Girls 11- 14 yr old Division (E-13) G _____
Boys 15 - 17 yr old Division (E-13) B _____
Girls 15-17 yr old Division (E-13) G _____

Youth Carranza Division

(E-14) B/G _____

Release Form of Liability (read before signing)

I, the undersigned, do voluntarily submit my application for the attendance and participation in the Escrima Goodwill Tournament. I will abide by the rules of the tournament and the final decision of the officials and willingly accept the terms and conditions, thereto. I fully recognize and acknowledge that this competition frequently involves physical contact despite the necessary safety precautions and rules, and I enter such competition at my own risk, free from any physical defects and illness that might prohibit competition. Therefore, I assume full and complete responsibility for any and all damages, injuries and losses that I may sustain or incur. I release the promoters, sponsors, operators, officials, Kilauea Gymnasium or the other competitors individually or otherwise, from any and all obligation and liability for injury to myself while attending or participating in this competition. I realize and acknowledge only first aid will be rendered at the tournament site, and certify before entering the tournament to be enrolled in a health insurance plan required to obtain professional treatment in the event of a medical emergency or situation. I certify that the above information is correct and accurate to the best of my knowledge.

Contestant's Signature: _____ Date _____

Parent's Signature (if under 18yrs:) _____ Date _____

NO REFUNDS