

GOSHIN RYU CHAMPIONSHIP TOURNAMENT

APPLICATION FORM

NAME _____ PHONE _____

ADDRESS _____

BELT COLOR / RANK _____ AGE _____ SEX _____

MONTHS/ YRS TRAINING _____ HEIGHT _____ WEIGHT _____ DIV _____

SENSEI'S NAME _____

DOJO'S NAME _____

DOJO ADDRESS _____

CITY _____ STATE _____ ZIP _____

WAIVER:

The undersigned do hereby voluntarily submit this application of attendance for me and / or guardian to participate in the 2009 Goshin Ryu Championship Tournament hosted by Sensei Luis A. Ruiz.

I understand that the tournament will be held in the Grand St Campus High School on June 28th 2009, I agree to assume all responsibilities for all injuries, damages or losses I may sustain in traveling to or from the tournament.

I hereby waive all claims or liability against the tournament presenter, tournament director, referees, medical personnel, volunteers, tournament venue or any other agents involved in this event.
I certify that I am (My child) is in good health, without injuries.

Signature _____ Date: _____

Parent or guardian (Under 18) _____