

**WEST CHESTER FALL CLASSIC  
FRIDAY NIGHT BUNKAI with THE GRANDMASTERS**

**Registration Form**

**Friday, October 19, 2018 – 6:00 p.m.**

**Registrations:           \$30 -- PRE REGISTRATION DEADLINE – October 14, 2018**

**After 10/14/2018 Entry Fee(s) \$35**

**Checks/MO Payable to: TOKI -- (Checks will NOT be accepted after 10/14/2018**

**Mail to:                   TOKI, Inc. • P. O. Box 441 • Bryn Mawr, PA 19010-9998**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Rank \_\_\_\_\_

Address \_\_\_\_\_ Dojo Name \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Dojo Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Sensei \_\_\_\_\_

*I, the undersigned understand that the practice of karate and specifically, tournament competitions, is inherently a contact sport, and as such, I know that physical injuries can occur. Therefore, I assume all responsibility for and all risk of damage or injury that may occur as a participant of this tournament. I agree to relinquish and withhold harmless indemnity for any claims that may arise against MAT Fitness, the Traditional Okinawan Karate Institute (TOKI ) and any personnel connected with the West Chester Fall Classic Open Karate Tournament. By signing this document, I acknowledge that I agree to abide by the rules of this tournament and assume full responsibility for any and all of my actions during the tournament. IF UNDER 18 YEARS OF AGE, THIS RELEASE MUST BE SIGNED BY A PARENT, LEGAL GUARDIAN OR PERSON ASSUMING LEGAL RESPONSIBLILTY FOR COMPETITOR.*

\_\_\_\_\_  
Signature (or Signature of Parent or Guardian if under 18)

\_\_\_\_\_  
Date