



Register Online at: [TwinTiersMartialArtsChampionship.com](http://TwinTiersMartialArtsChampionship.com)

# Twin Tiers Martial Arts Championship

Mail check & form to: AFK  
103 Hoffman St., Elmira NY 14905

Presented by:



# Competitor Registration Form

Saturday, March 30, 2019

Black Belt Meeting 9:00 am

Competitor Meeting 9:30 am | Tourny start 10:00 am

## EVENTS

(Select multiple events you will be participating in and select ONE rank category.)

- Open Forms   
  Traditional Forms   
  Open Weapons   
  Traditional Weapons   
  Point Sparring   
  Board Breaking  
**RANK:**   
 Beginner (white/yellow/gold/orange)   
 Intermediate (purple/green/blue)   
 Advanced (red/brown)   
 Black Belt   
 Continuous Sparring

**EARLY BIRD (EB) deadline is Jan 25, 2019.** Tournament registration is \$50 for 3 events, each additional event is \$5. Spectator Pass is \$5. Coaches Pass is \$10\*.

**PRE-REGISTRATION (PR) deadline is March 8, 2019.** Tournament registration is \$60 for 3 events, each additional event is \$6. Spectator Pass is \$6. Coaches Pass is \$12\*.

**LATE / DOOR (LD) registration** is \$65 for 3 events, each additional event is \$7. Spectator Pass is \$7. Coaches Pass is \$15\*. No Personal Checks accepted at the door. Cash or Credit Card only.

\*Schools with 10+ competitors will receive 1 free coaches pass.

## COMPETITOR INFORMATION

(Please Print Neatly)

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age on 3/30/19: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

## SCHOOL INFORMATION

School Name: \_\_\_\_\_ Style: \_\_\_\_\_  
 Instructor Name: \_\_\_\_\_ Rank/Dan: \_\_\_\_\_  
 School Email: \_\_\_\_\_ School Phone: \_\_\_\_\_

## TOURNAMENT T-SHIRT

Select shirt sizes & quantities you want

- |                          |                   |
|--------------------------|-------------------|
| # _____ Child XS (2-4)   | # _____ Adult L   |
| # _____ Child S (6-8)    | # _____ Adult XL  |
| # _____ Child M (10-12)  | # _____ Adult 2XL |
| # _____ Child L (14-16)  | # _____ Adult 3XL |
| # _____ Child XL (16-18) | # _____ Adult 4XL |
| # _____ Adult Small      | # _____ Adult 5XL |
| # _____ Adult Medium     | # _____ Adult 6XL |

## TOTAL REGISTRATION

Please use correct rate (EB/PR/LD)

- |  |            |
|--|------------|
| 1 Registration Fee (\$50/\$60/\$65)      | = \$ _____ |
| # _____ Extra Events x (\$5/\$6/\$7)     | = \$ _____ |
| # _____ Coach Passes x (\$10/\$12/\$15)  | = \$ _____ |
| # _____ Spectator Passes x (\$5/\$6/\$7) | = \$ _____ |
| # _____ T-shirt (Ch - Ad XL) (\$15)      | = \$ _____ |
| # _____ T-shirt (2XL-3XL) (\$18)         | = \$ _____ |
| # _____ T-shirt (4XL-5XL) (\$22)         | = \$ _____ |
| # _____ T-shirt (6XL) (\$25)             | = \$ _____ |

(\$35 fee for returned checks)

**TOTAL \$** \_\_\_\_\_

Make Check Payable to: American Family Karate  
Cash or Credit ONLY at the door.

## LIABILITY WAIVER

I, the undersigned, release Twin Tiers Martial Arts Championship, American Family Karate, Elmira College, and all instructors and persons associated with this event in any capacity, from liability incurred as a result of my attendance and or participation at this event and damages or injury that may occur to me as a result of my participation and or competition in said event. This is including, but not limited to, any damages or injury I might suffer during said TOURNAMENT. I do hereby state that I am physically able to compete in this athletic endeavor and have not been heretofore advised by a physician and or medical authority against activity of this type. I furthermore acknowledge that I have been thoroughly trained and recommended to participate in said TOURNAMENT by my instructor who is a black belt in the martial arts. I have signed below as a GUARDIAN or PARENT of the undersigned minor or Adult Competitor. I understand that registration fees can not be refunded for any reason. I furthermore acknowledge that the waivers, releases, and affirmation stated above apply to said minor as the parent or legal guardian of said minor or adult competitor.

Competitor or Guardian Signature: \_\_\_\_\_

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