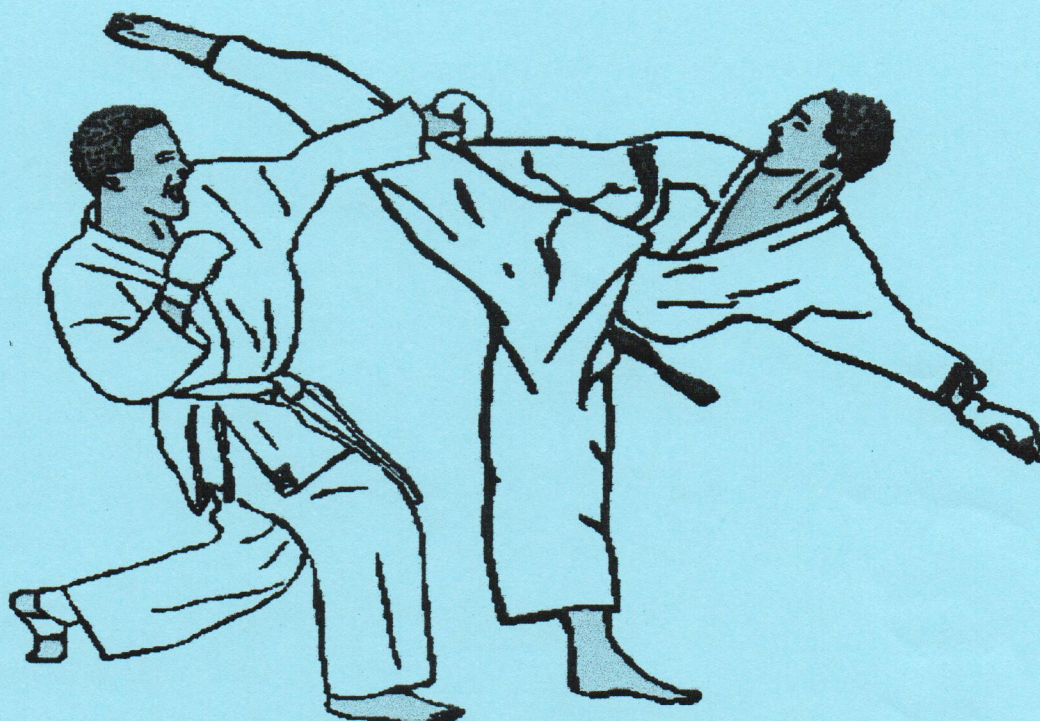


2018 ANNUAL AMAS TRADITIONAL KARATE CHAMPIONSHIP TOURNAMENT AND ISKF NW REGIONALS



Sunday, March 25, 2018

8:30 am - Registration opens

10:00am - Tournament starts

So. San Francisco High School

400 B Street, So. San Francisco, CA 94080

ADMISSION: \$5.00

(5 yrs. old and under is free)

For more information, call

(650) 878-1177

or visit us at

www.amaskarate.com

Sunday, March 25, 2018 – Contestants KATA Registration Form

So. San Francisco High School, 400 B Street, So. San Francisco CA 94080

Pre-registration deadline is **March 20, 2018** (All fees are non-refundable)

Competition starts at 10:00 a.m.

www.amaskarate.com

Division # **K** _____ (see chart) Length of Training _____ Years _____ Months

Name _____ Age _____ Gender _____

Rank _____

Mailing Address: _____
Street City State Zip

Instructor's Name _____ Name of School _____

Phone _____ Martial Arts Style _____

I, THE UNDERSIGNED, STATE:

I have been advised that my participation in the 2018 Annual AMAS Traditional Karate Championship Tournament will expose me to a risk of serious personal injury including permanent disability and death. I am aware of this potential danger, and with full knowledge of this risk, voluntarily accept and assume the risk of injury by signing this RELEASE and by participating in these activities. Further, and in exchange for my participation in the 2018 Annual AMAS Traditional Karate Championship Tournament. I, on behalf of myself and my successors, assigns, and heirs, release AMAS, Inc., So. San Francisco Unified School District, and any of its sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives from any and all liability from injury, damage or loss to person, persons or property based upon their negligence in connection with my participation in this competition. I further agree to indemnify and to hold harmless AMAS, Inc., So. San Francisco Unified School District and any of its sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives from any and all claims made against them arising from participation in this competition. I fully understand that any medical treatment given will be of a first aid treatment type only. I consent that any pictures taken of me in connection with the competition can be used for publicity, promotion or television shown now or in the future, and I waive compensation in regard thereto. All participants in any event or class in this competition is by permission only. The Director or authorized agents reserve the right to refuse entry to any person, school, team or club.

I have read this CONSENT and RELEASE, understand the meaning of its contents, and sign it voluntarily.

Signature of Competitor

Please print your full name

For the MINOR student:

I, _____, am the parent or legal guardian for _____. I have read the above CONSENT to my child's participation in the 2018 Annual AMAS Traditional Karate Championship Tournament, under the terms and conditions above. With my signature, I hereby release 2018 Annual AMAS Traditional Karate Championship Tournament of any and all liabilities.

Signature of Parent of Guardian

Please print your full name

FEES:

one individual event: \$45.00

two individual events: \$55.00

Spectators Fee: \$5.00

5 yrs. old and under is free

At the door

\$55.00 (cash only)

\$65.00 (cash only)

Make check payable and mail to:

AMAS

423 Broadway Avenue, #105

Millbrae, CA 94030

2018 Annual AMAS Traditional Karate Championship Tournament

Sunday, March 25, 2018 – Contestants KUMITE Registration Form

So. San Francisco High School, 400 B Street, So. San Francisco CA 94080

Pre-registration deadline is **March 20, 2018** (All fees are non-refundable)

Competition starts at 10:00 a.m. www.amaskarate.com

Division # S (see chart) **Length of Training** _____ **Years** _____ **Months** _____

Name _____ **Age** _____ **Gender** _____

Rank _____

Mailing Address: _____
Street City State Zip

Instructor's Name _____ **Name of School** _____

Phone _____ **Martial Arts Style** _____

I, THE UNDERSIGNED, STATE:

I have been advised that my participation in the 2018 Annual AMAS Traditional Karate Championship Tournament will expose me to a risk of serious personal injury including permanent disability and death. I am aware of this potential danger, and with full knowledge of this risk, voluntarily accept and assume the risk of injury by signing this RELEASE and by participating in these activities. Further, and in exchange for my participation in the 2018 Annual AMAS Traditional Karate Championship Tournament. I, on behalf of myself and my successors, assigns, and heirs, release AMAS, Inc., So. San Francisco Unified School District, and any of its sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives from any and all liability from injury, damage or loss to person, persons or property based upon their negligence in connection with my participation in this competition. I further agree to indemnify and to hold harmless AMAS, Inc., So. San Francisco Unified School District and any of its sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives from any and all claims made against them arising from participation in this competition. I fully understand that any medical treatment given will be of a first aid treatment type only. I consent that any pictures taken of me in connection with the competition can be used for publicity, promotion or television shown now or in the future, and I waive compensation in regard thereto. All participants in any event or class in this competition is by permission only. The Director or authorized agents reserve the right to refuse entry to any person, school, team or club.

I have read this CONSENT and RELEASE, understand the meaning of its contents, and sign it voluntarily.

Signature of Competitor

Please print your full name

For the MINOR student:

I, _____, am the parent or legal guardian for _____. I have read the above CONSENT to my child's participation in the 2018 Annual AMAS Traditional Karate Championship Tournament, under the terms and conditions above. With my signature, I hereby release 2018 Annual AMAS Traditional Karate Championship Tournament of any and all liabilities.

Signature of Parent of Guardian

Please print your full name

FEES:

one individual event: \$45.00
two individual events: \$55.00

At the door

\$55.00 (cash only)
\$65.00 (cash only)

Spectators Fee: \$5.00
5 yrs. old and under is free

Make check payable and mail to:
AMAS
423 Broadway Avenue, #105
Millbrae, CA 94030

2018 Annual AMAS Traditional Karate Championship Tournament

Sunday, March 25, 2018- Contestants **TEAM KATA** Registration Form

So. San Francisco High School 400 B Street, So. San Francisco CA 94080

Pre-registration deadline is **March 20, 2018** (All fees are non-refundable)

Competition starts at 10:00 a.m. www.amaskarate.com

Instructor's Name _____ Name of School _____ Phone() _____

Mailing Address: _____
Street City State Zip

Division # **TK** _____

I, THE UNDERSIGNED, STATE:

I have been advised that my participation in the 2018 Annual AMAS Traditional Karate Championship Tournament will expose me to a risk of serious personal injury including permanent disability and death. I am aware of this potential danger, and with full knowledge of this risk, voluntarily accept and assume the risk of injury by signing this RELEASE and by participating in these activities. Further, and in exchange for my participation in the 2018 Annual AMAS Traditional Karate Championship Tournament. I, on behalf of myself and my successors, assigns, and heirs, release AMAS, Inc., So. San Francisco Unified School District, and any of its sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives from any and all liability from injury, damage or loss to person, persons or property based upon their negligence in connection with my participation in this competition. I further agree to indemnify and to hold harmless AMAS, Inc., So. San Francisco Unified School District, and any of its sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives from any and all claims made against them arising from participation in this competition. I fully understand that any medical treatment given will be of a first aid treatment type only. I consent that any pictures taken of me in connection with the competition can be used for publicity, promotion or television shown now or in the future, and I waive compensation in regard thereto. All participants in any event or class in this competition is by permission only. The Director or authorized agents reserve the right to refuse entry to any person, school, team or club.

I have read this CONSENT and RELEASE, understand the meaning of its contents, and sign it voluntarily.

TEAM MEMBERS (PLEASE PRINT NAMES)	RANK	SIGNATURE OF PARTICIPANT	PARENT/GUARDIAN IF MINOR
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

FEES: \$30.00

At the door
\$45.00 (cash only)

Make check payable and mail to:

AMAS

423 Broadway Avenue, #105

Millbrae, CA 94030

2018 Annual AMAS Traditional Karate Championship Tournament

Sunday, March 25, 2018 – ADULT TEAM KUMITE Registration Form

So. San Francisco High School 400 B Street, So. San Francisco CA 94080

Pre-registration deadline is March 20, 2018 (All fees are non-refundable)

Competition starts at 10:00 a.m. www.amaskarate.com

Instructor's Name _____ Name of School _____ Phone () _____

Mailing Address: _____
Street City State Zip

Division # **TS** _____

I, THE UNDERSIGNED, STATE:

I have been advised that my participation in the 2018 Annual AMAS Traditional Karate Championship Tournament will expose me to a risk of serious personal injury including permanent disability and death. I am aware of this potential danger, and with full knowledge of this risk, voluntarily accept and assume the risk of injury by signing this RELEASE and by participating in these activities. Further, and in exchange for my participation in the 2018 Annual AMAS Traditional Karate Championship Tournament. I, on behalf of myself and my successors, assigns, and heirs, release AMAS, Inc., So. San Francisco Unified School District, and any of its sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives from any and all liability from injury, damage or loss to person, persons or property based upon their negligence in connection with my participation in this competition. I further agree to indemnify and to hold harmless AMAS, Inc., So. San Francisco Unified School District, and any of its sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives from any and all claims made against them arising from participation in this competition. I fully understand that any medical treatment given will be of a first aid treatment type only. I consent that any pictures taken of me in connection with the competition can be used for publicity, promotion or television shown now or in the future, and I waive compensation in regard thereto. All participants in any event or class in this competition is by permission only. The Director or authorized agents reserve the right to refuse entry to any person, school, team or club.

I have read this CONSENT and RELEASE, understand the meaning of its contents, and sign it voluntarily.

TEAM MEMBERS (PLEASE PRINT NAMES)	RANK	SIGNATURE OF PARTICIPANT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Make check payable and mail to:

At the door

Women's 3-Team Kumite fees \$30.00
Men's 5-Team Kumite fees: \$50.00

\$45.00 (cash only)
\$75.00 (cash only)

AMAS
423 Broadway Avenue, #105
Millbrae, CA 94030