

2021

Capital District Open COMPETITOR'S REGISTRATION FORM

Please return this form along with your registration fee (NON-REFUNDABLE)
Registration Deadline, MUST BE RECEIVED by May 28th 2021
Absolutely no applications will be accepted after May 28th 2021

Please Fill in ALL Information - Important: If any information is missing, application will not be processed.

Last Name: _____ DateOfBirth: _____

First Name: _____ Phone: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Rank: (Circle one) **Beginner Intermediate Advanced Black Belt** Sex: **M F**

E-mail: _____

School Name: _____

SPECTATORS

Circle Number: **0 1 2**

\$5 for 1 or 2 Spectators - Add in total on Right

EVENTS

Check all events competing in

Open Forms Open Weapons Creative Breaking

Total # of Events Competing in: _____

BOARDS Pre-Order

Please List how many boards you will need.

1"x10" (Adult) 1/2"x10" (Child) 1/2"x6" (Lil' Child)

TOTAL # of Boards _____ x \$2.75 = \$ _____

NOTE:

For Breaking Events:

- Three sizes of boards will be available:
 - 6"x12"x1/2" (Recommended for competitors age 7 & Under)
 - 10"x12"x1/2" (Recommended for competitors age 8-12)
 - 10"x12"x1" (Recommended for competitors age 13 and over,)

FEES

One Event = \$35

Two Events = \$45

Three Events = \$55

REG TOTAL _____

BOARD TOTAL _____

From Box on left

SPECTATORS _____

GRAND TOTAL _____

Make certified check or money order payable to
Pil-Sung Martial Arts.

Mail Applications & Payment To:

Capital District Open
c/o Pil-Sung Martial Arts
1095C Central Ave
Albany, NY 12205

2021

Capital District Open
LIABILITY and HOLD HARMLESS RELEASE and WAIVER AGREEMENT

I _____ hereby make application for participation in the Capital District Open Tournament, and upon acceptance, I sincerely pledge to obey all rules and regulations as set forth within the event and its organizers. I clearly recognize that a risk is involved in the study and practice of this martial art, and related activities, which has been completely explained to and/or understood by me and/or my parents and/or guardians.

In consideration of accepting my application for entry into this event, I do hereby for myself, my heirs, executors, administrators, parents and guardians assign, release, acquit and forever discharge 518 Martial Arts, Adam Grogin, their instructors, members, volunteers, participants, agents, assistants, representatives, officers, and directors of this event, of and from any and all liability, actions, claims, demands, or suits whatsoever, which I may now or hereafter have or claim to have, on account of any injury sustained and suffered by me while traveling to or from or while practicing the techniques any related activities in connection with this event, and (if applicable) the parents and/or guardians of the applicant hereby request that this application be accepted, and in consideration thereof, agree to indemnify and release all members of 518 Martial Arts, Adam Grogin, their instructors, members, volunteers, participants, agents, assistants, representatives, officers, and directors from all claims made or which may be made on behalf of the applicant, for the aforesaid consideration

I consent that any pictures furnished by me or any pictures and/or video taken of me in connection with the organization can be used for publicity and promotion and I waive compensation in regards thereto. I clearly understand that this activity involves bodily contact, physical exertion, and exercise. I hereby accept that my participation in this event is contingent upon my good conduct and that should the proprietors of this activity determine my actions, behavior and/or attitude inappropriate in any way that my right to participate in this activity will be revoked and I shall sacrifice all fees paid. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate in this activity.

I also affirm that I am not affiliated with any defined terrorist or extremist hate groups as recognized by the laws of the United States of America or any organization with secondary affiliation with such organizations, nor am I the subject of any criminal investigation, charges, or related activity of any type.

PARTICIPANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

(Parent or Guardian sign if participant is under 18)

ADDRESS: _____

Relationship to Athlete _____