2019 DETROIT CLASSIC KARATE CHAMPIONSHIPS

Make send payments to: PayPal: curtis@metrokarateonline.com Mail or Metropolitan Karate Academy

REGISTRATION Deadline: September7, 2019

Circle the event(s) for which you are competing

\$60 pre-registration all events \$60 first event \$5 each additional at door

NO CHECKS ACCEPTED DAY OF EVENT

Weapons 8 & Under Nov 8 & Under Adv 9-10 Nov 9-10 Adv 11-15 Nov Adult Nov 10 & Under Black Belt 11-12 Black Belt 13-15 Black Belt Adult Black Belt Senior 35+ Black Belt	Forms5 & Under6 Nov6 Adv7-8 Nov7-8 Int7-8 Adv9-10 Nov9-10 Int9-10 Adv11-12 Nov11-12 Int11-12 Adv13-15 Nov13-15 Int13-15 AdvAdult NovAdult IntAdult Adv10 & Under Black Belt Trad10 & Under Black Belt Open11-12 Black Belt Open11-12 Black Belt Trad13-15 Black Belt Trad13-15 Black Belt Trad13-15 Black Belt Trad13-15 Black Belt TradAdult Black Belt TradAdult Black Belt TradMomen Black Belt TradKelt OpenAdult Black Belt TradAdult Black Belt Trad	Sparring5 & Under6 Nov6 Adv7-8 Nov7-8 Int7-8 Adv9-10 Nov9-10 Int9-10 Adv11-12 Nov11-12 Int11-12 Adv13-15 Nov Boys13-15 Int Boys13-15 Adv Boys13-15 Adv Girls13-15 Adv GirlsAdult Men NovAdult Men NovAdult Women NovAdult Women AdvSenior MenBlack Belt 10 & Under (M)Back Belt 12 & Under (F)Black Belt 13-15 (M)Black Belt 13-15 (F)	**Black Belt 16-17 (M) **Black Belt 16-17 (F) Black Belt Men LT **Black Belt Men Mid Black Belt Men Heavy Black Belt Senior Men 35+ Black Belt Senior Women 35+ Continues Sparring ** Indicates division not offering MSKC ratings points.
NAME:	BIRT	As of Ja	nuary 1, 2017 E: BELT RANK
ADDRESS:	CITY	STATE	ZIP
PHONE:MARTIAL ARTS SCHOOL			

In consideration of my and or my child's participation in the above referenced event at Success Mile Academy, I agree to assume the risks incidental to such participation and use (which risks may include among other things muscle injuries and broken bones). I hereby assume all risks arising from said event and release the event directors, The Success Mile Academy and any of their agents, officers, and employees in the event of any claims due to injury to the participating party. I am aware of the participants medical conditions and herby certify that the participant is mentally and physically able to participate.

Signature

_____ Date: _____