



Robert L. Kitchin Open Martial Arts Championship Registration Form / www.rlkmartialarts.com

PARTICIPANT INFORMATION

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Age _____ Gender: Male _____ Female _____

Level: | Beginner _____ Intermediate _____ Advanced _____ B.B. _____

Sparring ___ Forms ___ Weapons ___ Breaking ___ Self Defense ___ Grappling Gi ___ Grappling No Gi ___

MARTIAL ARTS SCHOOL YOU ARE REPRESENTING

Instructor _____ Studio Name _____

REGISTRATION FEE

First Event (*Before or by Sept 1st*).....\$25.00 = _____

Each Additional Events (*Before or by Sept 1st*).....\$10.00 = _____

First Event (*After Sept 1st*).....\$35.00 = _____

Each Additional Events (*After Sept 1st*).....\$10.00 = _____

Spectator Fee _____ X \$5.00 = _____ Kids under 5 free

RELEASE/WAIVER

I, the undersigned, do hereby voluntarily submit my application for attendance/participation in the **Robert L. Kitchin Open Martial Arts Championship** (September 2017) and do hereby assume full responsibility for any and all damage, injury, and losses that I may sustain or incur in any way while attending and participating in the events. I also waive all claim against the promoter, First Wesleyan Church, or anyone directly or indirectly associated with the tournament for claim or injury that I may sustain.

Signature of Competitor (Parent/Legal Guardian if competitor is under 18)

_____ Date _____

Mail to:

Robert L. Kitchin Tournament

PO Box 951

Lowell, NC 28098

980-888-4677