

NUTMEG STATE NATIONALS REGISTRATION FORM

Name: _____ Age: _____ Gender: M ___ F ___ DOB: _____

Address: _____

Email Address: _____

City: _____ State: _____ Zip: _____

Karate School Name: _____

Karate Instructor's Name: _____

Style: _____ Rank in Martial Art (Belt Color): _____

Circle Select Divisions

Check ONE age group **Black Belt:** 9 & Under 10-11 12-13 14-15 16-17 18-29 30-39 40-49 50+
Under Belt: 5 & Under 6-7 8-9 10-11 12-13 14-15 16-17 18-29 30-39 40+

SPORT KARATE DIVISIONS	Forms:	Traditional	Open	In Forms or Weapons divisions not seperating Traditional and Open I.E. 9 & Under Black Belt, please mark one large circle around both options.	
	Weapons:	Traditional	Open		
	Sparring:	Point	Continuous		Weight: _____
	Additional Sport Karate:	Self Defense	<input type="checkbox"/> Youth <input type="checkbox"/> Adult		Any Uke that is not competing in another individual division must pay a spectator's fee to participate.

BOARD BREAKING	Check ONE age group <input type="checkbox"/> 7 & Under <input type="checkbox"/> 12 & Under <input type="checkbox"/> 13-17 <input type="checkbox"/> 18 & Over <input type="checkbox"/> 35 & Over									
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Power Hand</td> <td style="width: 33%;">Power Elbow</td> <td style="width: 33%;">Power Foot</td> </tr> <tr> <td>Creative</td> <td>Speed</td> <td>First Timers</td> </tr> </table>	Power Hand	Power Elbow	Power Foot	Creative	Speed	First Timers			
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Creative	Speed	First Timers								
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TOURNAMENT FEES

Sport Karate Divisions
BEFORE 10/8/11 \$50 for all divisions
AFTER 10/8/11 \$55 plus \$5 per additional division.

Board Breaking Divisions
BEFORE 10/8/11 \$50 for all divisions
AFTER 10/8/11 \$55 plus \$5 per additional division.

Sport Karate & Board Breaking
BEFORE 10/8/11 \$70 for all divisions
AFTER 10/8/11 \$80 for all divisions \$ _____

Specialty Divisions
BEFORE 10/8/11 \$50 per division
BEFORE 10/8/11 \$65 per division

of Specialty Divisions _____ \$ _____

Spectators
\$10 for adults
5 yrs & under free

of Spectators _____ \$ _____

TOTAL \$ _____

I, THE UNDERSIGNED, HEREBY RELEASE JOHN BASHTA, SR., JOHN BASHTA, JR., NOREEN BASHTA, BASHTA'S MARTIAL ARTS, HAMDEN PARK AND RECREATION, HAMDEN HIGH SCHOOL, MEDICAL STAFF, KRANE, USBA/WBA (USBA LLC) AND ALL OTHER PERSONS ASSOCIATED WITH THIS EVENT, IN ANY CAPACITY, FROM ANY LIABILITY DUE TO INJURY, ETC. THAT I MAY INCUR AS A RESULT OF MY ATTENDANCE AND OR PARTICIPATION AT THE ABOVE EVENT. FURTHERMORE, I HEREBY WAIVE ANY COMPENSATION WHATSOEVER FOR THE USE OF PICTURES, MOVIES, MEDIA COVERAGE, ETC. UTILIZED BY THOSE ASSOCIATED WITH THIS EVENT AT ANY TIME. I CLEARLY UNDERSTAND THAT THE FIGHTING ASPECT OF THIS SPORT AND COMPETITION INVOLVES BODILY CONTACT. I HAVE READ, UNDERSTOOD AND AGREE TO ABIDE BY THE RULES ASSOCIATED WITH THIS EVENT AND ASSUME ALL RESPONSIBILITY AND ANY ASSOCIATED LIABILITY FOR INFRINGEMENT OF SUCH RULES. ADDITIONALLY, I AM FULLY AWARE OF MY PERSONAL MEDICAL CONDITION AND CERTIFY THAT I AM MENTALLY AND PHYSICALLY FIT TO COMPETE AT SAID KARATE CHAMPIONSHIPS.

SIGNED: _____
(PARENT/GUARDIAN IF UNDER 18)

CREDIT CARD INFO:

Name on Card: _____
Credit Card #: _____
Exp. Date: _____
SIGNED: _____