

# KOA World Grand Masters Championships

## Pre-Registration Form dead line July 10<sup>th</sup> 2008



- GM Breakfast \_\_\_ X \$15.00 per person 8th & 9th level only Total \$ \_\_\_\_\_
  - KOA Seminars \_\_\_ X \$40.00 per person Total \$ \_\_\_\_\_
  - Awards Dinner & Dance \_\_\_ X \$40.00 per person Total \$ \_\_\_\_\_
  - KOA Tournament \_\_\_ X \$40.00 per person for 1<sup>st</sup> event Total \$ \_\_\_\_\_
  - Additional Tournament Divisions Events \_\_\_ X\$10.00 per event Total \$ \_\_\_\_\_
  - List Divisions entered \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Total # \_\_\_\_\_
  - Skill Level Expert \_\_\_ Advanced \_\_\_ Intermediate \_\_\_ Beginner \_\_\_\_\_
  - Wt. Class: Women LW up to 145 \_\_\_ Women HW= 145+ \_\_\_
  - Wt. Class: Men Lt. Wt. up to 149 \_\_\_ Men M/ Wt.= 150-175 \_\_\_ Men H/ Wt.= 176-200 \_\_\_ Men S H. Wt 201+ \_\_\_
- Skill Key- Beginner =White/Yellow/Orange Belts; Intermediate = Purple/Blue Belts; Advanced = Green/Brown/Red Belts; Expert = Black Belt

Grand Total Amount ----- Grand Total \$ \_\_\_\_\_

**NOTICE: MANDATORY SAFETY EQUIPMENT SEE Page 2 \* ABSOLUTELY NO REFUNDS**

Name \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Phone \_\_\_\_\_ Rank \_\_\_\_\_  
 Experience: \_\_\_\_\_ Web Site: \_\_\_\_\_  
 Notes or comments: \_\_\_\_\_

Please fill in the information and return it with a Visa / MC or money order to KOA or by mail to KOA 563 E. Spruce Glen Rd Murray, UT 84107 E-mail [mgoldeneagle1@msn.com](mailto:mgoldeneagle1@msn.com) Phone 801-261-2942 or Fax 801-261-2943

Name as it appears on card: Name: \_\_\_\_\_  
 Total Amount charged \$ \_\_\_\_\_  
 Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 digit Code \_\_\_\_\_  
 Card Billing Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
 Notes: \_\_\_\_\_

Parent/Guardian if under 18 yrs of age: Child Name: \_\_\_\_\_  
 Parent Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE WAIVER OF INJURY—COMPETITORS/PARENTS READ AND SIGN BELOW**

I, hereby waive any and all rights or claims I may have against the Kajukenbo Ohana Association, PLAZA HOTEL & CASINO, City of Las Vegas, its promoters, its staff, vendors, sponsors, agents, servants, & employees, and I hereby release & discharge them from any and all claims resulting from injuries, including death, damages or loss, which may incur to me or my heirs arising out of or in any way connected with my attendance &/or participation at any KOA sanctioned event. I represent and warrant that I am physically and mentally fit and able to participate & I do hereby assume responsibility for my own well-being, understanding that participation involved bodily contact. I have read, and understand and agree to abide by the SKITA rules for infringement of such rules & agree to accept the tournament arbitrator's decision as final. I consent to allow any reproductions of me or likeness created in any manner whatsoever, photographed, film or video taped in connection with the KOA events which can be used for instruction, publicity, promotion or television broadcast & I waive any & all compensation in regards thereto. I agree that I have obtained permission from the artist of any music I use in conjunction with my competition and verify by signing this permission in doing such I will indemnify, defend and hold harmless all the above named parties from any liability for use of such music & that this artist's permission permits the above named parties to use such music in recorded performances of myself for instructional purposes, publicity, promotion, video &/or TV broadcast & I waive any & all compensation for such.

**AUTHORITY TO TREAT:**

I the undersigned, give the Tournament First Aid staff the power to authorize medical or other treatment of the person named above under the "First" and "Last Name". If I am not the person so named, I am the Parent, guardian or the adult responsible for the person named, and I have the legal right to grant this power. Treatment may be made without regard to whether I or any other parent or guardian has been contacted or has consented to the specific treatment. I understand treatment will be limited to emergency first aid type and I will be financially responsible for any hospital or emergency care related costs. I understand that the STAFF or others may have some skills in first aid and at their discretion I authorize them to use those skills and techniques to assist in any circumstances in which they judge their skills would be necessary or helpful.

Print Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_