

AAU Karate GULF DISTRICT KICK-OFF!

Karate Tournament

November 23, 2019

Alvin, Texas



Please keep this page for your reference.
Return all other pages with registration fee.
PRE-REGISTRATION ONLY, DUE BY 11/16/19

Spectator fee is \$5.00 at the door.

DATE: November 23, 2019

TIME: 10am – 11:30 ages 11 and under
12pm -- 3:30pm ages 12 and up

LOCATION: Faith Family Fellowship
1031 W Sealy
Alvin TX, 77511

HOST: Faith Family Karate, jamakarate@gmail.com

ENTRY DEADLINE: Nov 16, 2019

ENTRY FEE: \$55 for 1 or 2 events plus \$10 each add'tl event

AGE: 4 -105 (age as of 11/23/19)

ENTRY FEES PAYABLE TO: Faith Family Karate
17816 CR 207
Angleton TX, 77515

This event is licensed by the Amateur Athletic Union of the U. S., Inc.

All participants must have a current AAU membership. All minors will have the membership paid for free by the tournament director of this event only!

AAU membership may not be included as part of the entry fee to the event.

AAU membership must be obtained before the competition begins except where the event operator has a laptop available with an internet connection.

BE PREPARED: Adult and Non-Athlete memberships are no longer instant and cannot be applied for at the event. Please allow up to 10 days for membership to be processed.

Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership.

FOR MORE INFORMATION:

Wade Jenkins 713-344-5753, jamakarate@gmail.com

WELCOME BACK!

**THANKS FOR HELPING US START THIS
TOURNAMENT SEASON OFF RIGHT!**

**ALL CONCESSIONS SALES BENEFIT OUR
NATIONAL CHAMPIONSHIP TEAM, SO EAT-UP!**



AAU Karate GULF DISTRICT CHAMPIONSHIPS

Official Registration Form

Last Name _____ First Name _____

Address _____

City/state/zip _____ Phone _____

Dojo Name _____ Sensei's Name _____

AAU# _____ Email _____

Age you will be on November 23, 2019 _____ Birth date ____/____/____

Height: _____ Ft. _____ In. Weight _____ Lbs.

Please check your rank

Beginner (White)
Up to 1yr exp.

Novice (Green)
1-2yrs exp.

Intermediate (Brown)
2-3yrs exp.

Advanced (Black)
over 4yrs exp.

Please check your age group and gender

5-6
 7-8
 9-10
 11-12

13-14
 15-17
 18-34
 35 and up

Male
 Female

Please check your event(s)

Kumite (sparring)
 Kobudo (weapons)
 Kata (forms)

COMPETITION FEE: Individual **\$55** for two events. Add **\$10** for each additional event. Mail cashier's check, money order or credit card info:

Card number _____ exp. Date _____ CCV _____

Send to:
FAITH FAMILY KARATE
17816 CR 207
Angleton TX 77515
713-344-5753

PRE-REGISTRATION ONLY, THERE WILL BE NO REGISTRATION AT THE DOOR.

MEDICAL INFORMATION:

___ I HAVE NO MEDICAL PROBLEMS

___ I HAVE MEDICAL PROBLEMS, BUT I AM ABLE TO COMPETE. DESCRIBE MEDICAL PROBLEM(S) OR ATTACH DOCTOR'S NOTE:

RELEASE AND INDEMNITY:

I voluntarily submit this application for participation in this event. I hereby assume full responsibility for any and all damages, injuries or losses I may sustain or incur at this event. I hereby waive all claims against the promoters, directors, coordinators and sponsors of this event, individually or otherwise, for any claim for injuries I may sustain. I fully understand that any medical treatment provided will be of a First Aid nature only. I understand all AAU Karate rules and regulations will apply. Furthermore, I understand that pictures and/or videos of the event may be used as promotional items for advertising for future events, or the Amateur Athletic Union. THIS RELEASE MUST BE SIGNED BY A PARENT OR GUARDIAN OF ANY COMPETITOR UNDER THE AGE OF EIGHTEEN (18) YEARS OF AGE.

CONTESTANT/PARENT/GUARDIAN:

Signature: _____ Date: _____

Licensed by:

