

**AAU Pacific Southwest District Championship**

**Saturday March 6, 2010**

**REGISTRATION FORM**

Male or Female (CIRCLE)

CHECK THE AGE YOU WILL BE AS OF July 1, 2010

5-6  7-8  9-10  11-12  13-14  15-16  17-18  19-34  35+

**LEVEL OF TRAINING**

BEGINNER (up to 1 year)  NOVICE (1-2 years)  INTERMEDIATE (2-4 years)  ADVANCE (more than 4 years)

**EVENTS**

KATA  KOBUDO  KUMITE

(Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Started Training: Month: \_\_\_\_\_ Year: \_\_\_\_\_ Number of Inactive Months: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ AAU # \_\_\_\_\_

Dojo/Club Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Return forms to: Alfonso Gomez, 9500 Gilman Drive La Jolla, Ca 92093-0530

Email: [aaukarate2002@yahoo.com](mailto:aaukarate2002@yahoo.com) Phone: (619) 846 – 9108 **Make checks payable to: KMA**

**Adult & Minor Amateur Athletic Waiver and Release of Liability**

In consideration of being allowed to participate in any way in the AAU District Championships, and related events and activities, the undersigned:

1. Agrees that prior to participating, they know and understand the Rules of Competition, and that they (if under 18 years of age a Parent or Guardian) will inspect the facilities and equipment to be used, and if the participant and/or Parent or Guardian, believes anything is, or may be, unsafe, they will immediately advise their coach or supervisor and the AAU District Championship personnel of such condition(s) and refuse to participate unless and until such condition is remedied.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction's or negligence but the actions, inaction's or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. The undersigned assumes all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Release, waive, discharge and covenant not to sue AAU, KMA, Okinawan Karate-Do at UCSD, University of California San Diego, the Regents of the University of California, UCSD Sports Facilities, Recreation Athletics, its officers, its affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches and other employees, staff, official and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releasees" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise. The undersigned shall indemnify the releasees and hold them harmless for any losses, liability or damages, which may result from any failure or defect of such release.
4. **All entries are final, no refunds will be given.** I fully understand that any medical treatment given will be of a first aid treatment type only. I consent that any pictures furnished by me or any and all photographs or video images taken of me in connection with the Tournament can be reproduced and used for publicity, promotion or other purpose by the AAU District Championship and Okinawan Karate-Do at UCSD, it's licensees or assigns now or in the future, and published or broadcast by any media whatsoever, and I hereby waive any and all claim for any compensation of any kind in regard thereto. All participation in any event or class in this Tournament is by permission only. The Tournament Director or her/his authorized agent(s) reserve the right to refuse entry to any person, school, team or club.
5. **PLEASE NOTE: All athletes must be covered by their own health or medical insurance in order to compete.**
6. **Statement of Health.** By my signature below, I certify and declare that I am in sound health, with valid medical or health insurance coverage in effect at this time, and there is no reason why I cannot participate in this competition.

The undersigned has read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

Date

Signature of Contestant (If 18 or older)

Signature of Parent/Guardian

Please read entire form before signing. All Information is required.