



THE KOKORO CHALLENGE
Seido Karate Childrens' Tournament

**Goldenrod Park/Recreation Center
 4863 N.Goldenrod Rd, Winter Park, Fl. 32792**

**Date & Time: Sunday Jan. 26th at 11:00 AM
 Sei Shihan Gil: 407-921-6775 E-mail: FloridaSeido@yahoo.com**

Check the box(s) for the event(s) your child is competing in:

<u>Green through Black</u> Green <input type="checkbox"/> Kata <input type="checkbox"/> Kumite Brown <input type="checkbox"/> Kata <input type="checkbox"/> Kumite Black <input type="checkbox"/> Kata <input type="checkbox"/> Kumite	<u>Yellow & Adv.Yell</u> <input type="checkbox"/> Kata	<u>Blue & Adv.Blue</u> <input type="checkbox"/> Kata	<u>Orange& Adv.Org</u> <input type="checkbox"/> Kata	<u>White</u> <input type="checkbox"/> Kata
--	---	---	---	---

Participant Fee: one event - \$30 / two events - \$40

***Audience Tickets: (Include with Participant fee) Adults-\$5 Children under 10yrs -Free**

- ***PLEASE INCLUDE THE FEE FOR THE NUMBER OF TICKETS YOU REQUIRE WITH YOUR PARTICIPANT FEE.**
- **ALL PAYMENTS MUST BE IN THE FORM OF CASH OR CHECK. PLEASE RETURN FORM AND PAYMENT ASAP. **Deadline for application is Jan. 15th****
- **Make checks out to: C.F.S.K. Inc.**

LAST NAME _____ FIRST_NAME _____
 STREET ADDRESS _____ E-MAIL _____
 CITY _____ STATE _____ ZIP | | | | | MALE FEMALE
 PHONE (H) | | | | | - | | | | | - | | | | | (W) | | | | | - | | | | |
 EXTENSION | | | | |
 DATE OF BIRTH | | | Mo. | Day | Yr AGE: | | | HEIGHT: | | |' - | | |" WEIGHT: | | | | |
 BELT RANK: _____ BRANCH: _____ INSTRUCTOR: SeiShihan Gil Alstein

The applicant warrants, represents and acknowledges that he/she is fully aware of the nature and risks involved in the Central Florida Seido Karate Children's Tournament and he/she is physically and mentally fit to participate in such activity. The applicant further agrees that in consideration for being permitted to participate, he/she assumes the risk of any and all accidents and injuries of any kind sustained by him/her by reason of, or in connection with, said Tournament activities. The applicant hereby releases, discharges and absolves Central Florida SEIDO KARATE INC.(C.F.S.K.Inc.) , its agents and employees of any and all liability and responsibility for any accidents or injuries, whether the same are caused by or attributed to their negligence or the negligence of any of them. The applicant further agrees to assume the risk of any accident or injury of any kind sustained anyplace in the building where said Tournament is held, or on entering or leaving such building and hereby releases, discharges and absolves C.F.S.K.Inc, its agents and employees of any and all liability and responsibility for any accidents or injuries, whether the same are caused by or attributed to their negligence or the negligence of any of them. The applicant warrants and acknowledges that he/she has read the Tournament rules and regulations and agrees to abide by them. The applicant fully understands that any medical treatment given will be of first aid type only. The applicant consents to the use of, and waives any compensation whatsoever for, all pictures, movies, tapes, TV, media coverage, etc. by C.F.S.K.Inc., or those designated by them.

APPROVED AND AGREED TO BY:

Applicant's Signature: _____ **Date:** _____

ALL APPLICANTS **MUST** HAVE THE SIGNATURE OF THEIR PARENT OR LEGAL GUARDIAN. The undersigned, the parent or legal guardian of the above applicant, accepts and agrees to the terms, conditions and provisions of the above agreement.

Parent/Legal Guardian Signature: _____ **Date:** _____

AMOUNT \$ _____ **DATE** / / **INITIALS** _____