

CHIRICO'S MEMORIAL TOURNAMENT

Registration Form

Please Print Neatly; This Will Help Us Avoid Errors.

Name:		Sex:	
Address:			
City, State Zip:			
Home Phone:		E-mail:	
Date of Birth:			Age:
Belt Color:		Discipline/Style:	
Novice:	Intermediate:	Advanced:	
Dojo:		Dojo Phone:	
Instructor:			
Please Legibly Complete All Fields On This Form			

I, in consideration of my participation in this tournament do hereby assume all risk of personal injury (including death) while attending and or participating in said tournament. Acting for myself, my heirs, personal representatives and assigns, do hereby release Chirico's Memorial Tournament., Tournament Director, Deputy Directors, Arbitrators, Judges, officials, medical personnel, members of the Chirico families, officers, agents, and representatives of the Chirico Memorial Tournament or American Isshinryu Inc.. individually and collectively from all liability, including claims of suits at law or equity for any injury fatal or otherwise, which may result directly or indirectly from traveling to, attending, participation in, or returning from this event. I consent that any pictures furnished by me or taken of me or my children in connection with Chirico Memorial Tournament can be used for publicity or promotion, posted on social networking sites and may be used for commercial purposes, and I waiver compensation in regard thereto.

Signature of Contestant: _____ Date: _____

Signature of Parent/ Guardian: _____ Date: _____

Mark the event(s) you wish to enter with an X:

Empty Kata _____ Weapons Kata _____ Kumite _____ Age _____ Rank _____

Tournament Date: April 6, 2024

Pre Registration Cost: 1 Event: \$45.00

2-3 Events: \$50.00, Till April 1, 2024

Pay At Door Cost: 1 Event: \$55.00

2-3 Events \$60.00 Cash only accepted at door

Mail to Chirico's Memorial Tournament
P.O. Box 1442
Little River, SC 29566 OR
Email to ChiricoMemorial2021@gmail.com

Make Checks Payable to:
Chirico's Memorial Tournament or by
Venmo when registering by Email