

**WARRIOR RETREAT TRAINING &  
TAG GRAPPLING TOURNAMENT REGISTRATION FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Studio Name \_\_\_\_\_ Instructor \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

**Please Circle What You Will Be Participating In:  
Meet & Greet Dinner/ Warrior Retreat Training Seminars/ 4 Person Tag Tourn.**

**\*Pre-Registration by October 10th:**

*(Warrior Retreat Fee is \$125.00-American Killer Bee Members & \$150.00-Non Members)*

**\*If you pay for the Warrior Retreat Fee you receive one ticket for the Meet & Greet Dinner\***

**Late Registration October 11-16th:**

*(Warrior Retreat Fee is \$150.00-American Killer Bee Members & \$175.00-Non Members)*

I, the undersigned, hereby submit my application for registration. I agree to waive all claims against any persons, schools, or associations for any injuries I may sustain and likewise assume full responsibility for all my actions in connection with said competition. Pictures may be used by the Tournament Director for publicity without compensation at this, or any other time.

I clearly understand that the fighting aspect of this sport and competition does involve bodily contact. I have read, understand and agree to abide by the rules associated with this event. I assume all responsibility and any associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to compete.

The undersigned is over eighteen (18) years of age, and hereby certifies that I/we have read and understand the contents of the Release and that we are signing this willingly, without coercion or undue influence.

Signed \_\_\_\_\_ Signed \_\_\_\_\_

(Parent or Guardian if under 18 years of age)

**For Tag Grappling Tournament Competitors Only:**

*(\$25.00 if participate in the Warrior Retreat Training & \$40.00 if tournament only by October 10th, 2021)*

**\*Late Registration goes up \$10.00 per person\***

4 Person Team

Team Members: \_\_\_\_\_

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

Time Training: \_\_\_\_\_ (Please list total experience including wrestling) / Belt Rank: \_\_\_\_\_

**MAIL REGISTRATION FORM TO: East West Karate, P.O. Box 3464, West Somerset, KY 42564**

*(Checks payable to Jeff Turner)*

If you have any questions please feel free to call us at **(606) 679-3355** or send us an e-mail to **somersetkarate@hotmail.com**.