

2019 Third Annual Southern California Shuai Jiao Competition

REGISTRATION FORM

Saturday, May 18, 2019

(Please print clearly and complete the form below)

Participant Name: _____
mail Address: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Phone Number(s) _____ - _____ Work Phone, () _____ - _____
Martial Arts School/Organization Name: _____
Coach Name: _____
Weight: _____ lbs Date of Birth(Month/Day/Year) ____ / ____ / ____
Age: _____ Sex(circle one): Male / Female

Tournament Information

Date: Saturday, May 18, 2019

Time: 1:00PM to 4:00PM

Location: Irvine Chinese School, 9 Truman St., Irvine, CA 92620

Participant Registration Fee: \$35 (Please make checks payable to International Shuaijiao Martial Arts Association or ISMAA)

Deliver registration form in person to an Instructor during class hours.
If you have questions or comments, please call Eva at 626-716-6336.

WAIVER: I recognize and understand that martial arts training is an activity that involves physical contact and that my participation might result in serious injury, including permanent disability or even death, and severe social and economic loss. I recognize and understand that such risk may be due to not only my own actions, but also the action, inaction or negligence of others, the regulations of participation, or the conditions of the premises, or of any of the equipment used. I am voluntarily participating in the 2019 3rd Annual Southern California Shuai Jiao Competition at the South Coast Chinese Cultural Association. The tournament administrators cannot hold the responsibility for any illness, or injury sustained as a result of participating in the competition, attending the competition or traveling to or from the competition. I hereby agree that the competition and its administrators shall not hold or be held liable for any such illness or injury.

Signature: _____ **Date:** _____

Participant's Parent or legal guardian's signature if Participant is under 18 years of age.