Check all that apply			
SPARRING	☐ FORMS	BREAKING	G
PRE-REGISTRATION FEES: ONE EVENT-\$65, EACH ADDITIONAL EVENT \$10 MORE PRE-REGISTRATION DEADLINE: OCTOBER 30, 2015 LATE REGISTRATION OR DOOR REGISTRATION FEES: ONE EVENT \$80 EACH ADDITIONAL EVENT \$10			
Total Events: Total Amount Due:			
No refunds, transfers and/or credits will be made under any circumstances			
Participant Informatio	n:		Payment Information (Check One)
Name	Gender: N		☐ CASH ☐ MONEY ORDER/CASHIER'S CHECK ☐ SCHOOL CHECK ☐ CREDIT CARD ☐ SCHOOL CREDIT CARD
Date of Birth	Belt		CREDIT CARD INFORMATION
Age Heigh	nt Weight		7.1.2
All		n Action to the Control of the Contr	Credit Card #
Address			Expiration Date 3 Digit Security Code
			Name on the Card Amt(\$)
School & Instructor Information			Credit Card Billing Address
School Name		Zip Code	
		Cardholder Signature	
	Rank _		No Personal Checks Accepted Make All Check, Money Order Payable to AKL 227 Dayton Ave., Clifton, NJ 07011
School Address	WOLV		No refunds, transfers, and or/credits will be made under any circumstances.
	West Street Actions and Actions		Pagietor On Line
School Tel	Email		Register On Line! www.americankarateleague.com
LIABILITY WAIVER			
I understand that karate is a physical contact sport which involves the risk of injury. I agree that I will be responsible for all case of accidents such as any damage, loss and any injury etc. which occurred during physical exercise and competition of			
demonstration till the finish of the tournament. I agree that the organizing committee for the 1* American Karate League			
Championship including organizers, John F. Kennedy High School, officials, staff and volunteers as well as referees, Masters, instructors, coaches, fellow competitors, staff except competitor herself/himself will be indemnified from all			
accidents as above and released and forever discharge from any claims for damages. I, also agree that the medical			
treatment provided by the organizing committee, if necessary will be a first aid type only.			
Name		Date	
Signature / Legal Guardian Signature (if participant is under 18 years old) Emergency Contact Person Name & Tel.			