

# 9<sup>th</sup> Kempo Classic Championship

Veteran's Park Elementary School 8 Governor St. Ridgefield, CT. 06877

Sunday June 8<sup>th</sup> 2009

Start: 10:30 am

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Dojo/Town: \_\_\_\_\_ Rank: \_\_\_\_\_ Instructor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**Competitor Fee = \$45.00 for the 1<sup>st</sup> event, \$25.00 each additional event**  
**Spectator Fee = Ages 10 & older \$6.00, under 10 free**

I wish to compete in the following (please check):

**Important: Please fill out one form per event (2 events 2 forms / 3 events 3 forms).**

## Kataform

7-10 Beg.  7-10 Inter.  7-10 Adv.  
 11-15 Beg.  11-15 Inter.  11-15 Adv.  
 16-up Beg.  16-up Inter.  16-up Adv.

## Maneuvers

4-6 Beg.  4-6 Inter.  4-6 Adv.  
 7-10 Beg.  7-10 Inter.  7-10 Adv.  
 11-15 Beg.  11-15 Inter.  11-15 Adv.  
 16-up Beg.  16-up Inter.  16-up Adv.

## Sparring

4-6 All  
 7-9 Beg.  7-9 Inter.  7-9 Adv.  
 10-13 Beg.  10-13 Inter.  10-13 Adv.  
 14-17 Beg.  14-17 Inter.  14-17 Adv.  
 18-up Beg.  18-up Inter.  18-up Adv.

## Kung-fu

7-12 Hand Forms  7-12 Weapons  
 13-up Hand Forms  13-up Weapons

Spectators \_\_\_\_\_

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**Beginner/ White-Yellow-Orange-Purple Inter./ Blue-Green Stripe Adv./ Brown-Black**

I, the undersigned, hereby release Scott Craigue, Kempo Academy LLC, Heritage Funding LLC, Veteran's Park Elementary School, and all persons associated with this event in any capacity, from any liability due to injuries, etc., that I may incur as a result of my attendance and/or participation at the above specified event. Furthermore, I hereby waive any compensation whatsoever for the use of pictures, movies, media coverage etc., utilized by those associated with this event at any time. I clearly understand that the fighting aspect of this sport and competition involves bodily contact. I have read, understand and agree to abide by the rules associated with this event and assume all responsibility of any associated liability for infringement of any such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to compete at said Karate Tournament.

Signature of Parent/Guardian \_\_\_\_\_

For more info contact Master Craigue: (203)544-2225

Make Checks Payable to: Kempo Academy

**Please remember: one form per event filled out completely!**  
(If you do not have a form filled out for each event you WILL NOT be able to compete in that event, there will be NO exceptions)