

Registration Fee:

Pre-Registration Fee: \$35 (Oct 15)

Registration Fee: \$45 (Oct. 30th)On Site Registration Fee: \$55 (Nov. 7th 1:00 – 8:00)

Additional Categories: \$10

Please PRINT the following information**Mark Your Division/Sash Rank:**

1. Executive Adult Youth
2. Black White Yellow
 Orange Green Blue
 Red Purple Brown
 Senior
 (Executive (>35/Senior Division >65))

Full Name: _____ Gender: _____ D.O.B: _____ School (AL, LA, GA): _____

Instructor: _____ Competition Name: _____

Mailing Address: _____ City, State, Zip, Country: _____ E-mail: _____

Phone #'s: Day: _____ Evening: _____ Fax: _____

**Pre-Registration Ends on Oct 10th
Registration Closes on Oct 30th****NOTE: All Registrations received after the
closing date will be subject to a \$10.00 fee****ENTER TOURNAMENT CATEGORY # BELOW
(USE EXTRA PAPER IF NECESSARY):**

--	--	--	--	--

Special Registration Promotions: The Martial Arts School which has the most registrations on the Early Registration close date (Oct 30, 2014), will receive a special Certificate. Also, the first twenty registrations by Oct 30, 2014, will receive a special gift.

____ SWAT Tryout

____ Golden Black Sash Testing

Note: All the events are open to both men and women. Parents must sign for youth who participate in light sparring. No events have any age limitation except for Sanda/Sanshou. If said division does not have 5 participants, or a minimum of 2 groups, we reserve the right to group up with another division.

Statement of Waiver & Release of Liability

I, the undersigned knowing and without duress, do voluntarily submit this form to the Shaolin Chan Foundation/ Kung Fu Sanda Federation/ShaoLin Institute, and any related organizations and/or its affiliates, officers, agents, representatives, servants, employees, and all other related members (hereinafter referred to as SCF). I do hereby assume all risk of personal, physical, and/or mental disability, injury, and/or loss, which may result from the participating in this competition, and acting on behalf of myself, my heirs, personal representatives, and assignees, I hereby release SCF. and all other related members from all claims, actions, suits, controversies, and claims of law and/or equity. I understand that there is a risk in all activities, and I assume full responsibility for my actions during and in connection with this competition and Institute. I fully understand that any medical treatment given to me will be of first aid type only, and I consent to such emergency treatment if deemed necessary. I further consent that any photographs furnished by me, or any photographs or video taken of me, in connection with SCF, and this competition are the property of the SCF can be used for publicity and I waive all compensation in regards thereto.

By signing your name and dating below you indicate that you consent to the Statement of Waiver and Release of Liability above and that you are at least 18 years of age. If you are under 18 years of age, a parent and/or Legal Guardian must sign in lieu of the minor's consent.

Name of Participant _____
(Please print your name)

Signature of Participant and/or Legal Guardian _____ Date _____

Early registration: _____ x \$35.00 = \$ _____

Registration Fee: _____ x \$45.00 = \$ _____
(After Oct 10th)

On Site Registration Fee: _____ x \$55.00 = \$ _____

Additional Categories: _____ x \$10.00 = \$ _____

Total Amount Due: = \$ _____

**If mailing payment, send to:
Shaolin Chan Foundation, Inc.
4350 Peachtree Industrial Blvd.
Norcross, GA. 30071**

Check/Money Order Only**Call in for credit card information****Official Use Only**

Date Received: _____

Amount Paid: _____

Payment Type: _____

Check Number: _____