

KSF 2015 Shaolin Chan KungFu Legacy: 27th US Open Challenge Registration

Please PRINT the following information or online registration: <http://www.ksfworld.org/>

| shaolinnola@gmail.com | 504.835.1877

Thank you for your interest in participating in the US Open Kung Fu Challenge.

Competitor's Full Name:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Guardian Name (if competitor is under 18)			Weight:	Height:
Mailing Address:	City	State	Zip	Country
Phone:	E-mail:			
School name:	School location:			
Instructor/Headmaster:	School's website if available:			
List all forms of arts practiced:				

Age: ☐ A: Panda (4 to 6) ☐ B: Dragon (7 to 9) ☐ C: Tiger (10 to 12)
☐ D: Teen (13 to 16) ☐ E: Young Adult (17 to 25) ☐ F: Adult (26 to 34) ☐ G: Executive (35+)

Experience: Kung Fu: ___yrs___mo___ Tai Chi: ___yrs___mo___ Sanda: ___yrs___mo___
 #fights: ___

Division (men & women together) ☐ A: Panda (4 to 6) ☐ B: Dragon (7 to 9) ☐ C: Tiger (10 to 12)
☐ D: Teen (13 to 16) ☐ E: Young Adult (17 to 25) ☐ F: Adult (26 to 34) ☐ G: Executive (35+)

Day Event (Add \$10 for each additional entry after registration which includes the first category.)		
Kung Fu forms Kung Fu (indicate name of form): <input type="checkbox"/> Northern <input type="checkbox"/> Southern 1) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 2) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 3) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 4) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 5) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 6) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 7) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 8) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 9) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 10) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 11) <input type="checkbox"/> Traditional Open <input type="checkbox"/> Modern Open: _____ <input type="checkbox"/> Broadsword (sabre): 1) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 2) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ <input type="checkbox"/> Straight sword: 1) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 2) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ <input type="checkbox"/> Staff: 1) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 2) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ <input type="checkbox"/> Spear: 1) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 2) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ <input type="checkbox"/> Other: 1) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 2) <input type="checkbox"/> Traditional <input type="checkbox"/> Modern: _____ 3) <input type="checkbox"/> Traditional Open <input type="checkbox"/> Modern Open: _____		Internal <input type="checkbox"/> Simple Tai Chi <input type="checkbox"/> Yang Taiji: 24 <input type="checkbox"/> Yang Taiji: 27 <input type="checkbox"/> Yang Taiji: 108 <input type="checkbox"/> Chen Taiji Lao Jia (old frame) <input type="checkbox"/> Chen Taiji: Xing Jia (New) <input type="checkbox"/> Other Taiji: Open General <input type="checkbox"/> Light Sparring <input type="checkbox"/> Calisthenics (horse stance contest, jumps, splits...etc) General (no charge) <input type="checkbox"/> GBSC Ceremony <input type="checkbox"/> SWAT trial out/nomination spotlight Team Creation (# of people / Name of group) <input type="checkbox"/> Kung Fu/Wushu (<3):_____/_____ <input type="checkbox"/> Kung Fu/Wushu (4-6):_____/_____ <input type="checkbox"/> Kung Fu/Wushu (7-10):_____/_____ <input type="checkbox"/> Internal (<3):_____/_____ <input type="checkbox"/> Internal (4-5):_____/_____ <input type="checkbox"/> Internal (6-10): ____/_____ <input type="checkbox"/> Internal & External Comb____/_____ *Please use the back for additional categories.
Sub Total A	Sub Total B	
\$	\$	

Main Event (Evening): US Open Sanda Division <input type="checkbox"/> Division A+ (\$100) <input type="checkbox"/> Division A (\$90) <input type="checkbox"/> Division B (\$80) <input type="checkbox"/> Division C (\$70)	Sub Total C: \$
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The Shaolin Chan Foundation reserve the rights to group up divisions if there are less than 5 competitors.

Official Use Only	
Send Check/Money Order Only to: Shaolin Chan Foundation, Inc. 4350 Peachtree Industrial Blvd. Norcross, GA 30071	
Payment Method:	<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check:
Date Paid:	
Payment taken by:	
Payment taken at:	

Competition Fee	
Registration:	
Free T-Shirt Early (before Nov 11):	\$35
Registration (Nov 12 to Dec 11):	\$45
Onsite Registration (Dec 12):	\$60
Total from above (A+B+C):	
Total	
Credit card transaction fee (3%):	
Total Competition Fee:	

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

Participant and/or Legal Guardian (Signature) _____

Participant and/or Legal Guardian (Print) _____ Date: _____

The competition will be held at the following information:

Date: December 12, 2015

Time:

Morning: Kung Fu, Tai Chi and light sparring → 12pm-5pm

Evening: Sanda and Kung Fu show → 7pm – 10pm

Location: Carver Theater | 2101 Orleans Ave, New Orleans, LA 70116

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