

## Ontario Chito Ryu Tournament Application

Dojo : \_\_\_\_\_ Phone : ( ) \_\_\_\_\_ Sensei : \_\_\_\_\_

All participants must sign the Acknowledgement of Risk and Release of Liability forms, or, in the case of participants under the age of Majority, a parent or legal guardian must read and sign the form on behalf of the participant.

Name: _____ M/F _____ Age: _____ Rank (Kyu) _____ Height (cm) _____ Weight (kg) _____ Kata <input type="checkbox"/> Kumite <input type="checkbox"/> Team Kata <input type="checkbox"/> Team Kumite <input type="checkbox"/> Dojo: _____ paid : _____ Signature : _____	Name: _____ M/F _____ Age: _____ Rank (Kyu) : _____ Height (cm) _____ Weight (kg) _____ Kata <input type="checkbox"/> Kumite <input type="checkbox"/> Team Kata <input type="checkbox"/> Team Kumite <input type="checkbox"/> Dojo: _____ paid : _____ Signature: _____
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Amount paid this page : \$ \_\_\_\_\_

Total amount paid \$ : \_\_\_\_\_

Page \_\_\_ of \_\_\_