



FALCON INTERNATIONAL KARATE DO ASSOCIATION
 PRESENTS
 FIKA USA NEW YORK OPEN
 INTERNATIONAL CHAMPIONSHIP
 2018
Registration Form

Name.....Age.....Gender.....
 Belt / Rank.....Height.....Weight.....
 Address.....
 Telephone..... Dojo Telephone..... Sensei

Dojo

Dojo Address.....Email.....

I wish to compete in: (please fill in division numbers from the schedule of events)

Form F - _____ Sparring S - _____

Entry Fee: _____ Late Registration (After November 10, 2018) Add ___ \$15.00 Administrative Fee

One or Two Event: _____ \$75.00

Please Make All Payments Payable To: FIKA USA
NOTE: No personal checks (Cash, Certified Checks, Money Orders only)

Waiver:

I, the undersigned do hereby volunteer my application for the attendance and participation in the **NEW YORK FIKA USA International karate Championship 2018** directed by **Sensei Jorge L. Falcon** on November 18,2018 and do hereby assume full responsibility for all injuries, damages, or losses that I may sustain or incur, if any, while attending/participating. I do hereby waive all claims against **Falcon International Karate Do Association, Sensei Jorge L Falcon, Sponsor, Advertiser** and the Location of the Event **Island Garden Arena 45 Cherry Valley Ave West Hempstead NY 11552**, individually or otherwise, for any claims or injuries I may sustain. I fully understand that any medical treatment given to me will be first aid type only. I certify that I am in good health and without injuries or physical disabilities. I consent that any pictures furnished by me or taken of me in connection with the tournament can be used for publicity, promotion, or television showing and waive compensation in regard thereto. I further agree to conduct myself with decorum in the spirit of Karate-Do.

Signature.....Date.....

Parent/Guardian (under 18).....