

# Victory Cup Tournament

## REGISTRATION FORM

Name: \_\_\_\_\_

Belt: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Studio or Instructor's Name: \_\_\_\_\_

Studio Phone: \_\_\_\_\_ Sunday, November 10th 2019 \_\_\_\_\_

**Tournament Date:** Sunday, November 10th 2019  
**Tournament Fee:** \$60 – Includes All Divisions(Forms, Sparring, Weapons)  
**Tournament Location:** The Royal: Banquet & Event Center  
6355 Rolling Road  
Springfield, VA 22152

**Spectator Tickets Available at the Door ONLY**

**SPECTATOR FEES: \$8.00 Teens and Adult and \$5.00 Children 3 to 12 Years Old**

Fee paid/Date: \_\_\_\_\_ Cash, Check, Money Order \_\_\_\_\_ Visa, Mastercard \_\_\_\_\_ Exp: \_\_\_\_\_

**Please read the following and sign. All participants under 18 years of age must have parent/guardian's signature.**

The participant/parent/guardian agrees to comply with the rules of **BLACK BELT ACADEMY Victory Cup Tournament** and **Black Belt Academy**. Participant/parent/guardian acknowledges that competition in this event involves physical contact and other activity which may cause injury to the participant. In consideration for allowing participant/parent/guardian to compete in this event, participant/parent/guardian hereby releases and waives any and all claims or causes of actions against **Black Belt Academy** and say any other persons connected with the **BLACK BELT ACADEMY Victory Cup Tournament** for any injuries of whatever nature the participant may sustain while participating in, spectating, attending and/or leaving the **BLACK BELT ACADEMY Victory Cup Tournament** and **Black Belt Academy**. Participant/parent/guardian acknowledge that he/she/his/her child has had passed a complete physical examination from a licensed physician within the past 12 months and that the participant is physically and mentally fit to participate in the **BLACK BELT ACADEMY Victory Cup Tournament**. Lastly, participant/parent/guardian hereby waives any compensation whatsoever for use of pictures, video tape, media coverage, statements, interviews, etc. utilized by those producing or directing this event at any time.

Competitor's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_