
BBA VICTORY CUP TOURNAMENT REGISTRATION FORM

Date: ___/___/___ Competitor's Name: _____

Belt Rank: _____ DOB: _____ Age: _____ Male / Female: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone: (_____) _____

Studio Name: _____ Instructor's Name: _____

Parents / Guardian Name: _____

Parents / Guardian Name & Email address: _____

Tournament Date: October 20th 2024
Tournament Fee: \$ 75.00 – For all divisions for underbelt
\$ 75.00 - For 2 divisions / \$ 15 for each additional
division at Black Belt

One Spectator ticket Free with every tournament registration!
Competitor passes and spectator tickets will be at the registration desk.
Please plan on being at the tournament 30 mins ahead of your division times

Tournament Location: The Royal: Banquet & Event Center
6355 Rolling Road, Springfield, VA 22152

SPECTATOR FEES: \$10.00 Teens and Adult and \$5.00 Children 3 to 12 Years Old

Please read the following and sign. All participants under 18 years of age must have a 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 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 or 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: _____

Parent/Guardian's Signature: _____ Print Name: _____

