

THE BAY NATIONALS REGISTRATION FORM

REGISTRATION MUST BE POSTMARKED BY PRE REG DATE FOR PRE REG PRICES TO BE HONORED - THANK YOU!
 Make Copies Of This Registration Form - Please Print Clearly - One Form Per Competitor - Please Print Clearly - Make Copies Of This Registration Form

1. COMPETITOR INFORMATION:

Last Name: _____ First: _____ M/ F: ___ Weight: _____
 Rank: (Circle) NOV INT ADV BLK E-Mail: _____
 Birthdate: ____ / ____ / ____ Competition Age (as of 1/1/16): _____
 Address: _____ City: _____ State _____ ZIP _____
 Home Ph: _____ - _____ - _____ Emergency Ph: _____ - _____ - _____
 Instructor: _____ Team: _____
 Dojo: _____ Emergency Ph: _____ - _____ - _____

2. LIST DIV #'S ENTERING:

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____
 7 _____
 8 _____
 9 Example- N-5 _____

Please Print
Clearly

How did you hear about the BAY NATIONALS ? (circle)

Brochure Mailing
 TigerClaw.com
 Word of Mouth
 Internet
 Flyer at a Tournament

3. DEADLINES, FEES & PAYMENT INFORMATION:

PRE-REG BEFORE JAN 23 AT DOOR QTY X COST= TOTAL
MAIL IN

2016 BAY NATIONALS

Tournament Date: January 30th, 2016
 Location: American Canyon HS
 3000 Newel Dr
 American Canyon,
 CA 94503

Doors Open: 8AM
 Competition begins: 9:30AM
 Promoter: Bobby Seronio Jr.
 Phone: 707-980-2524

COMPETITORS

First Division	\$45	\$65	1	X	\$	=	\$
Each Additional	\$15	\$30	_____	X	\$	=	\$
Sparring Teams	\$80	\$100	1	X	\$	=	\$
Coach's Pass	\$20	\$20	1	X	\$	=	\$

YOU CAN ALSO GO TO CKCHAMPIONSHIPS.COM TO REGISTER ONLINE.

SPECTATORS

Each Person	\$10	\$20	_____	X	\$	=	\$
5 & Under Free							

TOTAL DUE = \$

4. COMPETITORS & PARENTS PLEASE READ & SIGN BELOW

To be filled in by CKC Staff ONLY.

RCVD: ____ / ____ / ____ AMT: \$ _____ #: _____ Processed by _____

STAMP

Checkklist - DID YOU:

- Fill in the correct division #'s @ BOX 2? (Double check! Bay Nationals is not responsible for divisional entry errors. Absolutely NO AT DOOR Division Switching.)
- Please Sign the release on this enrollment form.
- Make M.O./Checks for correct amount payable to: **Robert J. Seronio Jr.**
- Mail THIS FORM, & PAYMENT to: **Sigung Bobby Seronio Jr.**



3467 Sonoma Blvd. #30
Vallejo, CA 94589

Questions? Call 707-980-2524

POSITIVELY NO REFUNDS - PLEASE DON'T ASK

I, hereby waive any and all rights or claims I may have against Bobby Seronio Jr., Seronio Islandbred Martial Arts, California Karate Championships, Stomline, it's staff, vendor's, volunteers or Sponsors, Cities and Districts of Seronio Islandbred Martial Arts Sanctioned events, all Seronio Islandbred Martial Arts Sanctioned Tournaments, and all their agents, servants & employees, and I hereby release & discharge them from any and all claims resulting from injuries, including death, damages or loss, which may accrue to me or my heirs arising out of or in any way connected with my attendance &/or participation at any Seronio Islandbred Martial Arts sanctioned event. I represent and warrant that I am physically and mentally fit, able to participate, & I do hereby assume responsibility for my own well-being, understanding that participation involves bodily contact. I have read, understand and agree to abide by the Seronio Islandbred Martial Arts rules associated with Seronio Islandbred Martial Arts events & assume all responsibility & any liability for infringement of such rules & agree to accept the tournament arbitrator's decision as final. I consent to allow any reproductions of me or likeness created in any manner whatsoever, photographed, filmed or video taped in connection with the Seronio Islandbred Martial Arts events which can be used for instruction, publicity, promotion or television broadcast & I waive any & all compensation in regards thereto. I agree that I have obtained permission from the artist's of any music I use in conjunction with my competition & verify by signing this permission that in doing such, I will indemnify, defend & hold harmless all the above named parties from any liability for use of such music & that this artist's permission permits the above named parties to use such music in recorded performances of myself for instructional purposes, publicity, promotion, video &/or televised broadcast & I waive any & all compensation for such.

X STAFF/OFFICIALS MUST ALSO SIGN THIS WAIVER
 Competitor or Parent/Guardian Signature Assuming responsibility if under 18 _____ DATE _____

Thank you for your HARD WORK & LOYAL SUPPORT for the BAY NATIONALS ! We appreciate YOU!

Circle: Judge Score/Time keeper Other _____ Are you Competing? Y/ N
 Rules experienced in: SKITA NASKA Other _____ Style(s) _____ Yrs exp. Officiating: _____
 Judging Prefrences: (Circle) Forms - Trad / Contemp **Sparring-** Point / Team **Weapons-** Trad / Contemp

Name _____ Age _____ Phone: _____ Mobile: _____
 Address _____ City _____ ST _____ Zip _____
 Dojo: _____ Phone _____ E-mail: _____