

OCTOBERFIST - Participant Information

First Name	Last Name
<input type="text"/>	

Age	Date of Birth	Gender
<input type="text"/>		

Preferred Phone Number	E-Mail
<input type="text"/>	

Address

Emergency Contact	Phone Number
<input type="text"/>	

School Name

Instructor Name	Instructor E-Mail
<input type="text"/>	

School Address & Phone Number

Payments by cash or check may be mailed to: Metrowest Kung Fu, 69 Main Street, Maynard, MA 01754. Make checks payable to Metrowest Kung Fu. To pay by card, pay online or enter info below:

Name on Card	Card Number
<input type="text"/>	

Expiration Date	Zip Code	3 Digit CVV
<input type="text"/>		

DIVISIONS

Competitor Age

- Children (Under 8 years old)
- Junior (9-12 years old)
- Teen (13-17 years old)
- Adult (Over 18 years old)

Experience Levels (Check with your instructor)

- Beginner (0-1 years)
- Intermediate (2-4 years)
- Advanced (4 years or more)
- Black Sash

Under Black Sash Kung Fu

- Beginner Forms
- Beginner Sparring
- Intermediate Forms
- Intermediate Weapons
- Intermediate Sparring
- Advanced Forms
- Advanced Weapons
- Advanced Sparring

Black Sash Kung Fu

- Forms
- Weapons
- Sparring

Tai Chi

- Beginner Forms
- Beginner Push Hands
- Intermediate Forms
- Intermediate Weapons
- Intermediate Push Hands
- Advanced Forms
- Advanced Weapons
- Advanced Push Hands

I, the undersigned, voluntarily submit my entry in Octoberfest, hereafter referred to as "the competition." I assume all risk of physical and mental injuries, disabilities, and losses that may result from or in connection with my participation in the competition. Acting for myself, heirs, personal representatives, and assignees, I release The Kung Fu & Tai Chi Academy of New England, Prsby Martial Arts DBA Metrowest Kung Fu, Yang's Martial Arts Association of Boston, Wu Dao Kung Fu & Tai Chi, and The Maynard Elks Lodge #1568, their agents, officers, representatives, sponsors, volunteers, and all other related members from all claims, actions, suits, and controversies at law by reason of a matter or cause sustained by me as a result of or in connection with my participation in the competition. I understand that participation in the competition, especially but not limited to sparring and push hands, entails a risk of injury, and I assume full responsibility for my actions, intentional or otherwise. I understand that any medical attention or treatment afforded to me on site by the competition will be of a first-aid nature only, and I release its agents, officers, representatives, sponsors, volunteers, and other related members and entities from any liability from such aid. I consent that any pictures or video furnished by me or taken of me at the tournament can be used for publicity, promotion, or media showing now or in the future and I waive compensation in regards thereto. I have read and fully understand the rules, regulations, and information published by the competition and agree with them in their entirety. I understand that I may be dismissed from the competition for unsportsmanlike conduct without refund of my entry fees. I have read and fully understand the above waiver.

Signature of Participant/Parent/Guardian

Date

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Mail this completed form to Metrowest Kung Fu, 69 Main Street Maynard, MA 01754.