



**THE GATHERING**  
**4th Annual CKKA Training, Tournament And Banquet**

**Student Registration Form**

(1 form per student)

Full Details Available @ [www.ckka.net](http://www.ckka.net)

**PLEASE PRINT CLEARLY**

Name: ..... Age: .....

Club Affiliation: .....

E-mail: ..... Phone #: .....

Address: .....

Medical Conditions: .....

.....

Emergency Contact (Name & Phone #): .....

Please list the martial arts you are currently training in:

Martial Art Style	Rank
1.	
2.	
3.	
# of years as Black sash/belt:	

Check off the events you wish to attend & write the amount in the column. Payment is to be made to your club **before March 30th, 2010.**  
 "At the door" pricing will apply after this date, which is \$5 extra per event to be paid at the door. 'Letters' are for administration purposes only, please ignore.

		Amount
<input type="checkbox"/>	SATURDAY TRAINING: Includes 4 training pods plus a review of Gwan Dao (Part One)	\$30= \$ <b>A</b>
<input type="checkbox"/>	SIGUNG TRAINING: Sunday 9 a.m. - 11 a.m. Gwan Dao (Part Two) Part one is not needed	\$30= \$ <b>B</b>
<input type="checkbox"/>	TOURNAMENT: Unlimited. Events can be registered at the door. - Saturday 2 p.m. until 5 p.m.	\$30= \$ <b>C</b>
<input type="checkbox"/>	GRADING: Forms will be graded Sunday starting at 11 a.m.	# of Events Total
SELECT:	<input type="checkbox"/> Leopard Form <input type="checkbox"/> Crane Form <input type="checkbox"/> Snake Form <input type="checkbox"/> Other: _____	\$40 EACH= <b>D</b> \$
<input type="checkbox"/>	DINNER AND DANCE: Saturday 6 p.m. until 1 a.m.	# of Tickets Total
	<input type="checkbox"/> Adult dinner ticket(s)	\$45 EACH = <b>E</b> \$
	<input type="checkbox"/> Child dinner ticket(s) (12 & Under)	\$35 EACH = <b>F</b> \$
The number of vegetarian meals requested for these guests are =		<b>G</b>
<b>GRAND TOTAL TO BE SUBMITTED TO YOUR CLUB</b>		<b>\$</b>

In consideration of acceptance of my registration, I do hereby, assume all risks of injury to myself including any illness or medical condition(s). I agree on my behalf (and on behalf of my personal representatives, heirs, estate trustees or assigns) to release, indemnify and forever discharge any and all rights and claims for damages which I may have or which may accrue against CKKA, Shuhari Dojo and any mentioned championships and affiliates, and all members of the tournament of their respective (direct and indirect) officers, owners, directors, agents, employees or independent contractors that have been to me sustained by me in conjunction with my association or entry in the above athletic meet, and in connection with any medical services I may be provided in connection with any injury or illness. I understand the martial arts, and martial arts competition involve body contact from which injury or injuries may result. I further understand that I may be dismissed from the premises without compensation if my conduct is not cooperative or disruptive to successful operation of the above mentioned championship. I also certify that I have no medical conditions that may or will cause injury to myself or others by participation in the above mentioned tournament. Finally, agree to follow, without compensation and unrestricted use of any photographs, films or videotapes of myself. Shuhari/CKKA are not responsible for any damage to, loss or theft of personal property.

I understand certify and hereby agree to all the terms and conditions of the liability waiver above.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE  
 (PARENT OR GUARDIAN IF UNDER 18)

\_\_\_\_\_  
 DATE