

## MIKE CARR KARATE TOURNAMENT REGISTRATION FORM

The Mike Carr Karate Annual Tournament date is Saturday, March 4th, 2017! Tournament will be held at:  
 GIRL SCOUT LEARNING CENTER - 1203 FRANCES DALY COURT, COLFAX, NC 27235,  
 All tournament agenda can be found at [www.mikecarrkarate.com](http://www.mikecarrkarate.com).

Form must be received by February 18<sup>th</sup>, 2016!

Participant's Name:

Parent/Guardian's Name:

Phone #

Address:

City:

State:

Zip:

Email Address:

**Which MCK school do you attend:**

Student Name	Circle Student's Belt Rank								Cost
	White	Yellow	Orange	Purple	Blue	Brown	Red	Black	
	White	Yellow	Orange	Purple	Blue	Brown	Red	Black	\$55
	White	Yellow	Orange	Purple	Blue	Brown	Red	Black	\$35
	White	Yellow	Orange	Purple	Blue	Brown	Red	Black	\$25

### PRE-ORDER TOURNAMENT T-SHIRTS – ONLY \$20.00 EACH

T-SHIRT	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Cost
Quantity						\$20.00 / ea

You may mail this form with a check or credit card number to:

MIKE CARR KARATE – 5421 CLARKLAND RD, GREENSBORO, NC 27410

Total Due for Registration: \$ \_\_\_\_\_ Total for T-Shirt \$ \_\_\_\_\_ Grand Total Due: \$ \_\_\_\_\_

We must have a SIGNED WAIVER in order for student to participate:

#### **PARENTAL PERMISSION WAIVER**

PLEASE FILL OUT LEGIBLY & COMPLETELY

My child (children) has (have) my permission to participate in the Mike Carr Karate 17th Annual Karate Showcase to be held at the Girl Scout Learning Center on March 4th, 2017. I, understand that there will be physical contact while sparring, grappling, and participating in other events (description of events listed). Although great care is given to reduce risk, I understand karate competitions are not without an element of danger.

Participant/Student's Name(s): \_\_\_\_\_

I, understand the risks involved with this type of program and give my child/children permission to participate and will not hold responsible Mike Carr Karate/Northern Arts LLC or any affiliates nor the Girl Scout Learning Center for any accident or injury that may occur while participating in the tournament or on the premises.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Emergency Contact: (If different then above) \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone #

#### **Credit Card Authorization:**

**Card Type:** VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS (Please circle card type)

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Amount due to be charged: \$ \_\_\_\_\_

By signing, I authorize Northern Arts LLC DBA Mike Carr Karate to charge the total amount due for this event:

Authorized Signature

