



2015 GRAND CHAMPIONSHIP MARTIAL ARTS TOURNAMENT SUNDAY, MAY 3RD, 2015 • 8AM-6PM



ENROLLMENT DEADLINE

Tuesday, April 28th, 2015

There will be a \$25.00 late processing fee applied to all Event Applications received after Tuesday, April 28th, 2015. No Event Applications will be accepted after Thursday, April 30th, 2015.

ENTRY FEES

■ Sparring and/or Kata Event = \$75.00

■ Weapons Event - \$35.00

■ General Admission - \$10.00

* Children ages 3 and under FREE

LOCATION

www.bren.uci.edu
Bren Events Center
100 Bren Events Ctr.
Irvine, CA 92697-1500



All entries are final.
We regret we cannot process any transfers or refunds.
Thank you for participating in Z-USDS's Grand Championship!



KATA APPLICATION

Please complete application in full and print clearly using a pen. Incomplete or unsigned applications will not be processed. Thank You!

INFORMATION	
First Name	_____
Last Name	_____
Belt Color	_____ Age ___ Sex <input type="checkbox"/> F <input type="checkbox"/> M
Home Phone	_____
Mobile Phone	_____
E-Mail	_____
Z-Studio (City)	_____
Instructor's Name	_____

In consideration of your acceptance of my entry, the undersigned participant hereby acknowledges to Z-Ultimate Self Defense Studios and its instructors that:

- 1 He/She is fully aware of the physical rigors and possible risk of injury inherent in participating in martial arts training including significant trauma from physical activity or blows and that neither the instructor nor protective equipment can eliminate such risks.
- 2 He/She freely and fully assumes such risk.
- 3 He/She is physically fit to participate in this event which involves strenuous activity and various martial arts techniques.
- 4 He/She expects to have instruction in various defensive tactics and receive instruction needed in self defense training.
- 5 He/She realizes that such techniques may not always be successful in every situation and proficiency can only be achieved through a combination of continued practice, exercise of good judgement and natural abilities.
- 6 He/She acknowledges that any photos taken of them by Z-USDS for use in publication are the sole property of Z-USDS and any/all rights to copyright or compensation is waived.

The undersigned hereby releases Z-Ultimate Self Defense Studios, and its instructors for any injury of any kind whatsoever from or as a result of training and competing in the martial arts, however it may arise, and further agrees to defend, indemnify and hold each and all of them harmless from said liability and to waive all rights against them.

APPLICATIONS MUST BE SIGNED TO COMPETE!

Signature _____ Date _____
Print Name _____

Must be signed by a parent or legal guardian if under the age of 18.



SPARRING APPLICATION

Please complete application in full and print clearly using a pen. Incomplete or unsigned applications will not be processed. Thank You!

INFORMATION	
First Name	_____
Last Name	_____
Belt Color	_____ Age ___ Sex <input type="checkbox"/> F <input type="checkbox"/> M
Height (ft)	____(in) ___ Weigh:(lbs) _____
Home Phone	_____
Mobile Phone	_____
E-Mail	_____
Z-Studio (City)	_____
Instructor's Name	_____

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- 2 He/She freely and fully assumes such risk.
- 3 He/She is physically fit to participate in this event which involves strenuous activity and various martial arts techniques.
- 4 He/She expects to have instruction in various defensive tactics and receive instruction needed in self defense training.
- 5 He/She realizes that such techniques may not always be successful in every situation and proficiency can only be achieved through a combination of continued practice, exercise of good judgement and natural abilities.
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APPLICATIONS MUST BE SIGNED TO COMPETE!

Signature _____ Date _____
Print Name _____

Must be signed by a parent or legal guardian if under the age of 18.



WEAPONS APPLICATION

Please complete application in full and print clearly using a pen. Incomplete or unsigned applications will not be processed. Thank You!

INFORMATION	
First Name	_____
Last Name	_____
Belt Color	_____ Age _____
Home Phone	_____
Mobile Phone	_____
E-Mail	_____
Z-Studio (City)	_____
Instructor's Name	_____

In consideration of your acceptance of my entry, the undersigned participant hereby acknowledges to Z-Ultimate Self Defense Studios and its instructors that:

- 1 He/She is fully aware of the physical rigors and possible risk of injury inherent in participating in martial arts training including significant trauma from physical activity or blows and that neither the instructor nor protective equipment can eliminate such risks.
- 2 He/She freely and fully assumes such risk.
- 3 He/She is physically fit to participate in this event which involves strenuous activity and various martial arts techniques.
- 4 He/She expects to have instruction in various defensive tactics and receive instruction needed in self defense training.
- 5 He/She realizes that such techniques may not always be successful in every situation and proficiency can only be achieved through a combination of continued practice, exercise of good judgement and natural abilities.
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APPLICATIONS MUST BE SIGNED TO COMPETE!

Signature _____ Date _____
Print Name _____

Must be signed by a parent or legal guardian if under the age of 18.