

2nd World Brazilian Jiu-Jitsu Championships for Kids & Teens

Hosted by Rommel Dunbar

• Saturday, November 14, 2009 • Riverside Convention Center

OFFICIAL COMPETITOR ENTRY FORM NO GI

First Name	MI	Last Name
Home Street Address		Apt. No.
City		State
		Zip Code
Home Phone	Emergency Contact	Emergency Contact Phone
Academy Name		
Academy Street Address		Suite No.
City		State
		Zip Code
Academy Phone	Instructor Name (Please state black belt information only)	

APPLICATION WILL BE RETURNED UNPROCESSED IF INFORMATION IS NOT COMPLETED IN THIS BOX

LEVEL:	<input type="checkbox"/> Beginner 0 to 1 yr experience	<input type="checkbox"/> Intermediate 1 yr to 3 yrs experience	<input type="checkbox"/> Advanced 3+ yrs experience
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Division:

4-5
 6-7
 8-9
 10-11
 12-13
 14-15

Age
 Date of Birth
 Weight (Accurate)

PRICES : Kids: \$60.00 Teens: \$60.00

*Signature on this form by parent/guardian is mandatory. If not signed, you will not be permitted to compete.
 ALL parent/guardians will be required to show VALID photo ID upon check-in

PAYMENT TYPE:	DEADLINES:	MAIL TO:
<u>Cashiers Check</u> or <u>Money Order</u> Made Payable to: <u>UNITED BRAZILIAN JIU-JITSU</u> (No Personal Checks)	Mail-In Must Be Received By: <u>November 6, 2009</u> At the door registration: \$20.00 late fee will be charged	United Brazilian Jiu-Jitsu 9563 Magnolia Avenue Riverside, CA 92503 Tel: (951) 687-9000 Fax: (951) 687-3848

Liability Waiver

I understand that by entering this competition my child will be competing at their own risk. I understand that Brazilian Jiu-Jitsu is a potentially dangerous and/or fatal sport that may result in injury or death and agree that I will hold harmless Rommel Dunbar, United Brazilian Jiu-Jitsu, Riverside Convention Center, all members of the tournament, or their respective officers, agents, representatives, successors, and/or assigns, and any competitor from all damages which may be sustained by my child in connection with their association with or entry in the above athletic competition, and in connection with any medical services they may be provided in connection with such injury or illness. I understand all contents of the rules and general information, which was published by the tournament organization committee and I agree with them in their entirety. I further understand that I may be dismissed from the premises without compensation if my conduct is not cooperative for the successful operation of the championship.

*****NO REFUNDS*****

Parent/Guardian Signature required

NO PERSONAL CHECKS WILL BE ACCEPTED.

<small>OFFICIAL USE ONLY</small>	<small>OFFICIAL USE ONLY</small>
Date application received: _____	Initial: _____
Cash /Cashiers Check# / M.O. #/ Credit Card#: _____	Initial: _____
Valid ID verified by staff Initial: _____	
Weight: _____ Initial: _____	