

**Luis Ruiz's 2010  
Goshin Ryu  
Invitational Tournament  
Sunday March 7<sup>th</sup>, 2010**



**100 Manhattan Ave Brooklyn NY1206  
Phone 718-218-7117 Fax 718-218-9877**

**Registration Form**

Name.....Age.....Gender.....  
 Belt/Rank.....Height.....Weight.....  
 Address.....  
 Home Telephone.....Work Telephone.....  
 Sensei/Dojo.....Dojo Telephone.....  
 Dojo Address.....

**I wish to compete in: (please fill in division numbers from the schedule of events)**

Form F - \_\_\_\_\_ Sparring S - \_\_\_\_\_ Weapons W - \_\_\_\_\_

**Entry Fee:**

Early Registration (Before March 4th)	Late Registration (After March 4th)
One or Two Events:    ___ \$60.00	Add ___ \$20.00 Administrative Fee
Three Events:         ___ \$70.00	

**Please Make All Payments Payable To: Luis Ruiz**

**NOTE:** No personal checks (Cash, Certified Checks, Money Orders only)

**Waiver:**

I, the undersigned do hereby volunteer my application for the attendance and participation in the 2010 Goshin Ryu Invitational Championship directed by Luis Ruiz on March 7<sup>th</sup>, 2010 and do hereby assume full responsibility for all injuries, damages, or losses that I may sustain or incur, if any, while attending/participating. I do hereby waive all claims against Goshin Ryu Shotokan Karate School and the Location of the Event (Elmcors Center) individually or otherwise, for any claims or injuries I may sustain. I fully understand that any medical treatment given to me will be first aid type only. I certify that I am in good health and without injuries or physical disabilities. I consent that any pictures furnished by me or taken of me in connection with the tournament can be used for publicity, promotion, or television showing and waive compensation in regard thereto. I further agree to conduct myself with decorum in the spirit of Karate-Do.

Signature.....Date.....

Parent/Guardian (under 18).....