



2009 West Coast Open International Martial Arts Championships

www.westcoastopen.com



Registration Form

Name: _____ Birthdate: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____ Instructor: _____
 Club/School Name: _____ Style: _____
 Address: _____ City/State/Zip: _____ Phone: _____

COMPETITION INFORMATION				
Sex	Age	Level	Division	Fees
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 5 & under <input type="checkbox"/> 6 & 7 <input type="checkbox"/> 8 & 9 <input type="checkbox"/> 10 & 11 <input type="checkbox"/> 12 & 13 <input type="checkbox"/> 14 & 15 <input type="checkbox"/> 16 & 17 <input type="checkbox"/> 18-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 45 & up	<input type="checkbox"/> Beginner (1 year & under) <input type="checkbox"/> Novice (1-2 years) <input type="checkbox"/> Intermediate (2-3 years) <input type="checkbox"/> Advanced (3+ years)	<input type="checkbox"/> Kata <input type="checkbox"/> Kumite <input type="checkbox"/> Kobudo	Non-USANKF Member:
				USANKF Member:
				<input type="checkbox"/> 1 Division \$40 <input type="checkbox"/> # Add Divisions: _____ x \$10
				<input type="checkbox"/> Late Fee (if applicable): \$20
				TOTAL FEES:

Release Agreement – Read carefully before signing

USANKF # _____

In consideration of being allowed participation in any way in the USANKF, West Coast Open (WCO), athletic / sport program, and related events and activities, the undersigned:

1. Agrees that prior to participating the participant and/or parent or guardian (if under 18), will inspect the facilities and equipment to be used, and if the participant and/or, parent or guardian, believes anything is unsafe, they will immediately advise the supervisor of the WCO tournament or other tournament officials of such condition(s) and refuse to participate.
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result from not only from their action, inaction, or negligence, but the action, inaction, or negligence of others, the rules of play, or the condition of the premises of any equipment used. Further, the participant, and/or parent or guardian acknowledges that there may be other risks not known or not reasonably foreseeable at this time. The participant and/or parent or guardian assumes all of the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability, or death.
3. Releases or waives, discharges and covenants not to sue the WCO, the USANKF, its officers, its affiliated clubs, staff, officials, volunteers, regional sports organizations, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and id applicable, owners and lessees of premises used to conduct event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs, and next of kin for any and all claims, demands, losses, or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by negligence of the release or otherwise.
4. **All entries are final, no refunds will be given.** I fully understand that any medical treatment given will be of a first aid treatment only. I consent that any pictures furnished by me or any pictures taken of me in connection with the tournament can be used for publicity, promotion or television showing in the future, and I waive compensation in regard thereto. All participation in any event or class in this tournament is by permission only. The Director or his authorized agent(s) reserve the right to refuse entry to any person, school, team, or club.
5. Please note: **All athletes must be covered by health or medical insurance in order to compete.** Participant Secondary Medical Insurance is included as a benefit of USANKF membership. Non-members without medical insurance coverage may obtain Secondary Medical Insurance for \$5, which includes **1-day** membership in the USANKF. Please see Registration Desk personnel for necessary forms.

I have Medical Insurance
 I wish to apply for Secondary medical Insurance

6. Statement of health: By my and/or Parent/Guardian's signature below I confirm that I am in sound health and there is no reason why I cannot participate on this event. The undersigned has read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

Signature _____ Date _____

If under 18 years of age, the approval of a parent or legal guardian is required. I, the undersigned, have read and specifically understand the above release and agree to be bound by its terms on behalf of my spouse, my child, and myself.

Signature of parent/legal guardian _____ Date _____

Please make checks payable to **West Coast Open** and send Registration form and payment to: West Coast Open, 5610 75th St. West, Lakewood, WA 98499