

Registration Form

School _____ School Ph. # (_____) _____ - _____ Instructor _____
Name (first) _____ (last) _____
Address _____ Ste. /Apt# _____ City _____
State _____ Zip _____ Country _____ Email _____
Age _____ Division _____ Weight _____ lbs. Weight Classes _____ Belt _____
Cell Phone (_____) _____ - _____ Home Phone (_____) _____ - _____
Emergency Contact _____ Phone (_____) _____ - _____

I, the undersigned, hereby waive all claims against any and all persons associated with any of the participating schools and competitors. I understand the rules of the tournament and will abide by them. I understand that I am participating in a sport, which usually has body contact. I assume full responsibility for all of my actions during and connected to the above tournament. I understand the risk of competing in this form of Martial Arts competition and hereby release No Limits and all of its employees and associates, tournament sponsors, from any type of injury, loss, or death sustained while competing in this competition. I, the undersigned also state that I am in good physical condition and know of no reason why I cannot participate in this Martial Arts event. I have current and valid health insurance. Divisions or weight classes are subject to change. I understand that No Limits Association does not offer refunds. In case of an emergency, I hereby authorize any licensed medical personnel to perform any accepted medical procedure deemed necessary and I agree to bear the expense of any such treatment. I also agree that my attendance and/or performance at the tournament may be photographed, filmed, or taped and used by any schools, No Limits and I waive any compensation thereof. I, the undersigned, have read the rules and the release above and agree to all of its terms and sign below to complete this form:

Signature _____ Date ____/____/2010
(Parent or guardian sign if under 18)

You weigh-in Friday 4-7 Pm (March 26) and Saturday 7-9 Am (March 27).

Fees: Adult \$45, Kids \$35

Mail in registration must be postmarked by March 22.

Make money order or checks payable to No Limits MMA studio, and mail with registration form to address below

Mail to: - **1801 E.Dyer Rd, Santa Ana, Ca 92705**

email: adrianonasal@yahoo.com.br (562) 704-6236

jiuliano2004@hotmail.com (949) 400-6540