

# 4<sup>th</sup> Annual Maui Jiu-Jitsu Open Tournament 2007

## Official Registration Form

Name (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Height \_\_\_\_\_ Belt Rank: \_\_\_\_\_

School/Academy: \_\_\_\_\_ Instructor: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Open Division? \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

<u>Age Category:</u>	<u>*Weight (Male w/GI):</u>	<u>*Weight (Women w/ GI):</u>	<u>Belt Category:</u>
___ Adult (16-29)	___ Rooster (126.5)	___ Super Feather (118)	___ White
___ Master (30-Up)	___ Super Feather (141)	___ Feather (129)	___ Yellow
___ Women	___ Feather (154)	___ Light (141)	___ Orange
___ Keiki (6-15)	___ Light (167.5)	___ Middle (152)	___ Green
	___ Middle (181)	___ Medium Heavy (152 +)	___ Blue
	___ Medium Heavy (194.5)		___ Purple
	___ Heavy (207.5)	<u>Weight (Keiki w/GI):</u>	___ Brown
	___ Super Heavy (221)	(Matched at event)	___ Black

**\*weight shown is maximum for each category. You must not exceed that amount with GI**

**Pricing (includes T-Shirt) Cash or Check only. Make Checks payable to: Maui Jiu-Jitsu Adults \$60, Kids \$30, Open Division Only \$50**

I, THE UNDERSIGNED, DO HEREBY ASSUME ALL RISKS OF PERSONAL INJURY while attending, traveling to and/or from, and participating in said event, and acting for myself, my heirs, personal representatives, and assigns, do hereby release the property owner, manager, host sponsors, tournament officials, and the officers, agents, and representatives of said organizations taking part, individually, and collectively, from all liability, including claims against and suits at law or in equity for any injury, fatal or otherwise, which may result directly or otherwise from my participation in said contest. I further fully understand that if I am under 18 years of age, this application must be signed by my parent, legal guardian or instructor.

### Signatures

Participant/Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form along with your registration fee to the address below. Please mail to: 732 Makaala Dr., Wailuku, HI 96793. Phone: (808) 298-7698 Email: [mauibadboy@aol.com](mailto:mauibadboy@aol.com)