

# Pennsylvania State Brazilian Jiu-Jitsu Federation

## PENNSYLVANIA CHAMPIONSHIPS

NAME \_\_\_\_\_

TELEPHONE (    ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACADEMY NAME \_\_\_\_\_

ACADEMY ADDRESS \_\_\_\_\_

ACADEMY CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

AGE: \_\_\_\_\_

SEX     Male     Female

DIVISION     KIDS     JUVENILE     ADULT     MASTERS     SENIORS

WEIGHT \_\_\_\_\_     Check if competing in the open class division!

BELT     White     Blue     Purple     Brown     Black

### Pennsylvania State Brazilian Jiu Jitsu Federation

I, the undersigned, hereby waived all claims against any and all person associated with any of the participating schools and competitors. 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 the event and organizers and all of its employees and associates, tournament sponsors and event facility, 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 I know of no reason why I cannot participate in this martial art event. I have current and valid health insurance. Division or weight classes are subject to change. In case of an emergency, I hereby the authorize any licensed medical personnel to perform any accepted medical procedure deemed necessary and I agree to bear the expense of such treatment. I also agree that my attendance and or performance at the tournament may be photographed, filmed, or taped an used by any schools and I wave 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.

Signed \_\_\_\_\_ Co-sign \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/200

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/200

(If participant is under the age of 18)