



John J. Mueller II
And
Wade Kirkpatrick
Presents



Friendship Classic

May 1, 2010

Location:

Heights Presbyterian Church
240 West 18th Street
Houston, Texas 77008

Time:

8:00am Registration and Sign-in
8:30am Black Belt Meeting
9:00am Competition Begins

Session Times:

Ages 7 and under	9:00am - 10:00am
Ages 8 - 13	10:30am - 12:00pm
Ages 14 and up	12:30pm - 3:30pm



Contact:

Phone: 281-346-2344
Website: <http://www.fulshearfamilykarate.com/>
E-mail: info@fulshearfamilykarate.com

Registration Information

Registration: 3 events \$50.00
Early Bird Discount (\$10.00)

Early Bird Discount ends: April 23, 2010

All pre-registrations must be postmarked by the deadline. No Exceptions.

Mail Pre Registration forms with check or money order made out to Fulshear Family Karate to:

Fulshear Family Karate
Po Box 11
FULSHEAR, TX 77441

Spectators

Spectator Fee: \$5.00 Children under 5 Free

Important Notes!

All competitors under the age of 14 will receive participation awards.

All competitors must be in full uniform (martial arts top, pants, and belt) or they will not be allowed to compete and they will not receive a refund. No Exceptions.

All sparring competitors must have foam hand and foot protection, head gear, and mouth protector. All male sparring competitors must have a groin protection and supporter.

All divisions must have a minimum of 4 competitors or they will be combined.

Directors reserve the right to add, delete or change divisions as they deem necessary.

Division Selection

<u>Age</u>	<u>Gender</u>	<u>Competition Types</u>
<input type="checkbox"/> 6 and Under	<input type="checkbox"/> Male	<input type="checkbox"/> Weapons
<input type="checkbox"/> 7-8 Years Old	<input type="checkbox"/> Female	<input type="checkbox"/> Forms/Kata
<input type="checkbox"/> 9-10 Years Old		<input type="checkbox"/> Point Sparring/or Flag Sparring
<input type="checkbox"/> 11-12 Years Old	<u>Rank</u>	
<input type="checkbox"/> 13-14 Years Old	<input type="checkbox"/> Novice	<input type="checkbox"/> Special Needs Division
<input type="checkbox"/> 15-17 Years Old	<input type="checkbox"/> Intermediate	
<input type="checkbox"/> 18-31 Years Old	<input type="checkbox"/> Advanced	
<input type="checkbox"/> 31+ Years Old	<input type="checkbox"/> Black Belt	

Competitor Information

Name: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone _____ Email Address: _____

Emergency Contact: _____ Emergency Phone: _____

School Name: _____ Instructor: _____

I voluntarily submit this application for participation in this event. I hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur at this event. I hereby waive all claims against the promoters, directors, coordinators and sponsors of this event, individually or otherwise, for any claim for injuries that I may sustain. I give permission for the promoters, directors, coordinators and sponsors to use my pictures, videos and voice in anyway for advertisement purposes herein. I fully understand that any medical treatment provided will be of a First Aid nature only. THIS RELEASE MUST BE SIGNED BY A PARENT OR GUARDIAN OF ANY COMPETITOR UNDER EIGHTEEN (18) YEARS OF AGE.

Competitor / Parent / Guardian _____