



**CCIKA's
3rd Annual Winter Karate
Championship**

Saturday February 12, 2005

Alviso Youth Center • 5040 N. First Street • San Jose, California • 95002

Please check below all that applies:

Male _____ Intermediate _____ Youth _____
 Female _____ Advanced _____ Adult _____

| | |
|--------------------------|-----------------------|
| Karate School Name _____ | Instructor _____ |
| Address _____ | Phone _____ |
| City _____ | State _____ Zip _____ |

Team Name _____

Three Person Team Kumite

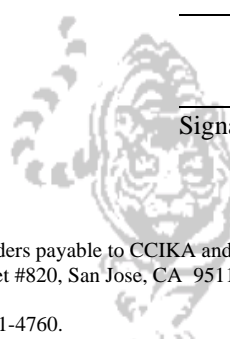
| <u>Name</u> | <u>Age</u> | <u>Rank</u> |
|-------------|------------|-------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Entrance Fee: **Team Kumite \$45 per team\$20 each individual for team event (Cash ONLY at the door) **NO Refunds, No Exceptions**

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the CCIKA 3rd Annual Winter Karate Championship, at the Alviso Youth Center, February 12, 2005. I do hereby assume full liability for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating. I do hereby waive all claims against the promoters, operators, sponsors and officials of the City of San Jose, for any injuries that I may sustain. I fully understand that any medical treatment given me will be of first-aid type only.

If under 18, this release form must be signed by a parent or guardian.

| | |
|-------------------------|---------------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| Signature of Contestant | Signature of Parent or Guardian |



** For pre-registration, please make checks or money orders payable to CCIKA and remit to:
 12 S.First Street #820, San Jose, CA 95113

Must be received by 2/10/2005.
 For more information call: Sensei James Carter at 408-971-4760.

