

<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>BELT</b>
<b>STREET ADDRESS</b>	<b>CITY/STATE</b>	<b>ZIPCODE</b>
<b>PARENT / GUARDIAN</b>	<b>PHONE</b>	
<b>EMAIL</b>		

**MALE / FEMALE - HEIGHT: \_\_\_\_\_ FT \_\_\_\_\_ IN - WEIGHT: \_\_\_\_\_ LBS**  
**DIVISIONS: CHECK THE DIVISIONS YOU'LL BE COMPETING IN**

**FORMS:**

- ☐ **TRADITIONAL - EMPTY HAND**
- ☐ **CREATIVE - EMPTY HAND**
- ☐ **MUSICAL - EMPTY HAND**
- ☐ **TRADITIONAL - WEAPONS**
- ☐ **CREATIVE - WEAPONS**
- ☐ **MUSICAL - WEAPONS**

**SPECTATORS:**

**\$5 X \_\_\_\_\_ 6 & OLDER SPECTATOR**  
**\$0 X \_\_\_\_\_ 5 & YOUNGER SPECTATOR**

**SPARRING:** SEE REQUIRED EQUIPMENT BELOW

- ☐ **POINT SPARRING** (WKC)
- ☐ **POINT SPARRING** (MBBL) ROUND ROBIN
- ☐ **CONTINUOUS** (WKC / LIGHT CONTACT)
- ☐ **TAG TEAM SPARRING** (MBBL)

**TOTAL DUE:**

<b>FIRST EVENT</b>	<b>\$45</b>
<b>ADDITIONAL EVENTS</b>	<b>X \$15 = _____</b>
<b>6 &amp; UP SPECTATORS</b>	<b>X \$5 = _____</b>
<b>REGISTER BY MAY 14TH</b>	<b>-\$10 - _____</b>
<b>REGISTERED JUDGE</b>	<b>-\$10 - _____</b>
<b>FAMILY DISCOUNT</b>	<b>-\$5 - _____</b>
<b>MAKE CHECKS TO: THE EDGE</b>	<b>TOTAL = _____</b>

**REQUIRED SPARRING GEAR**

**POINT SPARRING** - HEAD, CHEST (17 & UNDER), HAND, FOOT, MOUTH, CUP (MALES)

**CONTINUOUS** - ADDITIONALLY REQUIRES CAGES (17 & UNDER) AND APPROVED SEMI-CONTACT GLOVES (ASG, PKG, TOP TEN, OR SAP)

DIVISIONS WITH MORE THAN 8 COMPETITORS WILL BE DIVIDED BY BELT, AGE, HEIGHT, OR WEIGHT

COACHING IS PERMITTED AS LONG AS THE COACH DOES NOT DISRUPT THE FLOW OF THE RING

WKC QUALIFYING SPARRING DIVISIONS WILL FOLLOW WKC RULES

MBBL POINT SPARRING WILL BE ROUND ROBIN AND FOLLOW MBBL RULES AND FIGHT FOR GRAND CHAMPION

**READ THE FOLLOWING AND SIGN. ALL PARTICIPANTS UNDER 18 YEARS OF AGE MUST HAVE PARENT/GUARDIAN'S SIGNATURE.**

THE PARTICIPANT AGREES TO COMPLY WITH THE RULES OF THE VALLEY RUMBLE AND ACKNOWLEDGES THAT COMPETITION IN THE VALLEY RUMBLE IS PHYSICAL AND PARTICIPATION IN UCH COMPETITION CAN RESULT IN INJURY TO A PARTICIPANT. THE PARTICIPANT HEREBY WAIVES ANY CLAIM OF DAMAGES OR INJURY AGAINST THE VALLEY RUMBLE, THE EDGE MARTIAL ARTS & FITNESS INC., MN BLACK BELT LEAGUE, OR ANY OF ITS OFFICERS, AGENTS, EMPLOYEES, OR ANY INDIVIDUAL CONNECTED WITH THE ORGANIZATION OR PROMOTION OF THE VALLEY RUMBLE TOURNAMENT AND EXPRESSLY ASSUMES ALL RISKS OF WHATEVER NATURE RESULTING FROM PARTICIPATION. ADDITIONALLY I AM FULLY AWARE OF PERSONAL MEDICAL CONDITIONS AND HEREBY CERTIFY THAT I AM MENTALLY AND PHYSICALLY FIT TO COMPETE IN SAID KARATE TOURNAMENT. LASTLY, I HEREBY WAIVE ANY COMPENSATION WHATSOEVER FOR USE OF PICTURES, VIDEOTAPE, MEDIA COVERAGE, STATEMENTS, INTERVIEWS, ETC., UTILIZED BY THOSE PRODUCING OR DIRECTING THIS EVENT AT ANY TIME.

PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT / GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

MAIL FORM TO: VALLEY RUMBLE - 1654 MARKET DRIVE, STILLWATER, MN 55082