



ATTIC COMPETITION

TOURNAMENT SIGN-UP FORM (Standard On-Line Form)

Please Print

Tournament Name/Title _____

Tournament Location _____

Tournament Date _____

Total Fee _____

Sparring Division _____ Fee ____

Sparring Division _____ Fee ____

Forms Division _____ Fee ____

Special Event _____ Fee ____

Today's Date _____

Competitor's Name _____

Rank / Belt _____

Age _____

Weight [If applicable] _____

Dojang/School/Club _____

Coach's Name & Phone _____

Parent/Guardian Name _____

Address, City, State, Zip _____

Phone 1 [Circle One: MB / WK / HM] _____

Phone 2 [Circle One: MB / WK / HM] _____

I and the other names listed understand and agree that physical fitness training, martial arts training, and competitive contact –sports can involve injury and/or illness, and that all exercise and martial arts courses are taken at my own risk. I do hereby release and discharge The ATTIC Fitness Center (also referred to as The ATTIC or The ATTIC Martial Arts and Fitness Center) and affiliated coaches, trainers, and instructors from all claims, demands, injuries, damages and causes of action to us or our property arising out of such training. I do hereby release and discharge The ATTIC Fitness Center and all facilitated companies and their employees from all claims, demands, injuries, damages and causes of action to us or our property arising out of our connection with the use of any services of facilities granted to us during the term of this and all other memberships.

I warrant that I am in good health and physically capable of participating in the programs involved in this membership. In case of accident, I agree to be examined at my own expense by a licensed physician, who shall report in writing to the ATTIC Fitness Center. Such a report must be received by The ATTIC within ten (10) days of the incident.

I agree and understand that I must follow all rules and regulations of conduct and operation of the facilities as directed by the staff. Failure to comply with any of the rules and regulations can result in termination of this agreement or any other memberships by any member of the staff without refund. I understand that this agreement is non-transferable.

Competitor's Signature _____

Parent/Guardian Signature _____