

**DATE: 06-03-23**

**51<sup>st</sup> Karate State Registration**

**A.O.K. "A" Rated**

**LOCATION: Givens Recreation Center, 3811 E. 12<sup>th</sup> Street, Austin, TX 78721**

Name: \_\_\_\_\_ M / F: \_\_\_\_\_ Weight: \_\_\_\_\_ Belt Rank: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ AOK Competitor's Age (on 01-01-23): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

School Name: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_  
School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
School Phone #: \_\_\_\_\_ School E-mail: \_\_\_\_\_

**PRE-REGISTRATION MUST BE POST-MARKED BY 05-31-23**

**NO On-line Registration**

**Mail Registration to: Abel Villareal, 415 Story Drive, Buda, TX 78610**

**\*\*\*PLEASE NOTE: NO REFUNDS CAN BE PROVIDED\*\*\***

Divisions: *(write division codes for events you are competing in)*



1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_

	<b>Post-Marked by 05-31-23</b>	<b>Post-marked AFTER 06-1-23</b>
<b>AOK Standard Divisions</b> <i>Entry and up to 2 events</i>	\$50.00	\$60.00
Each Additional Event	\$5.00 x ____ = \$ _____	\$10.00 x ____ = \$ _____
<b>Spectator Pass (4 and up)</b>	\$8.00 x ____ = \$ _____	\$10.00 x ____ = \$ _____
<b>Coach Pass</b>	\$20.00 x ____ = \$ _____	\$30.00 x ____ = \$ _____
<b>TOTALS:</b>	<b>\$</b> _____	<b>\$</b> _____

**Equipment Requirements:** Only AOK approved soft foam type sparring equipment and mouthpiece are mandatory in all Sparring Divisions (includes Fun Flag Sparring). Male and female competitors must wear groin protectors. Regulation karate/kung fu uniforms must be worn with sleeves reaching elbows. No sharp bladed and/or loose fitted weapons are allowed. Equipment will be available for purchase on the day of the event.

**WAIVER OF INJURY**

I, (Print Name) \_\_\_\_\_, the undersigned, do hereby release the Amateur Organization Of Karate (AOK), Chris or Stephanie Miller, all tournament promoters and all other persons associated with this event in any capacity, from any liability due to injuries, etc. that may incur as a result of my attendance and/or participation at any AOK event. Furthermore, I hereby permanently waive any compensation whatsoever for the use of pictures, videos, media coverage, etc., utilized by those associated with this event which may be used for profit making purposes. I clearly understand the fighting aspect of this sport and competition involves bodily contact. I have read, understand and agree to abide by the rules associated with AOK events and assume all responsibility and any associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to compete at said tournament and also understand that a valid birth certificate may be required to compete at an AOK tournament.

X \_\_\_\_\_

\*\*\*If under 18 years, signatures of Parent or Guardian that assumes complete responsibility.

**WE RESERVE THE RIGHT TO REFUSE ENTRY INTO AND/OR PARTICIPATION IN THIS EVENT**

**Not responsible for lost or stolen mail. Checks will NOT be accepted at the door. No switching of competitors**