

Forms

5 and under All
6 – 8 Nov, Int, & Adv
9 & 10 Nov, Int, & Adv
11 & 12 Nov, Int, & Adv
13 & 14 Nov, Int, & Adv
15 – 17 Nov, Int, & Adv
18 – 35 Nov, Int, & Adv
35 & up Nov, Int, & Adv
Special Needs Nov & Adv 18+
Special Needs Nov & Adv under 18

Weapons

8 & under Nov & Adv
9 – 10 Nov & Adv
11 – 15 Nov & Adv
16 & 17 Nov & Adv
Adults Nov & Adv

Black Belt Weapons

10 & under F/M
11 – 13 F/M
14 – 17 F/M
18 – 34 F/M Traditional
18 – 34 F/M Open
35 – 41 F/M
42 & up F/M

Sparring

3 – 5 All
6 – 8 Nov, Int, & Adv
9 – 10F Nov, Int, & Adv
9 – 10M Nov, Int, & Adv
11 – 12F Nov, Int, & Adv
11 – 12M Nov, Int, & Adv
13 – 14F Nov, Int, & Adv
13 – 14M Nov, Int, & Adv
15 – 17F Nov, Int, & Adv
15 – 17M Nov, Int, & Adv
Adult F Nov & Adv
Adult M Nov & Adv
35 & up F Nov & Adv
35 & up M Nov & Adv
Special Needs 18 & up
Special Needs under 18

Divisions

Team Forms/Self Defense

Under Black Belt 2 or more competitors
Black Belts 2 or more competitors

Black Belt Forms

10 & under
11 – 13 Traditional
11 – 13 Open
14 – 17 Traditional
14 – 17 Open
18 – 34 Traditional
18 – 34 Open
35 – 41
42 & up

Black Belt Sparring

11 – under F
11 – under M
12 – 13 F
12 – 13 M
14 – 15 F
14 – 15 M
16 – 17 F
16 – 17 M
18 – 34 Men Lt, Med, Heavy
18 – 34 Women
35 & up Women
35 – 41 Men
42 & up Men



Events:

Check all that apply
() Forms
() Weapons
() Sparring
() Team Forms/Self defense

1st Annual White Tiger Classic Open Martial Arts Championships

Name: _____ DOB: ____/____/____
Address: _____ Phone: _____
City: _____ State _____ Zip _____
E-Mail Address _____
Dojo (School): _____
Address: _____ Phone: _____
City: _____ State _____ Zip _____
Instructor: _____ Style/System: _____

I, THE UNDERSIGNED, DO HEREBY ASSUME ALL RISKS OF PERSONAL INJURY while attending, traveling to and/or from, participation in said tournament, and acting for myself, my heirs, personal representatives and assigns, do hereby release the property owner, manager, landlord, host, sponsors, tournament officials, White Tiger Martial Arts LLC, Jim Adkins and Family, the officers, agents, and representatives of said organizations taking part, individually and collectively, from all liability, including claims and suits at law or in equity for any injury, fatal or otherwise, which may result directly or otherwise from my traveling to, participating in, or returning from said contest. I further fully understand that if I am under 18 years of age, this application must be signed by my parent, legal guardian, or instructor.

SPECIAL NOTE: ALL CONTESTANTS MUST BE CERTIFIED AS QUALIFIED FIGHTERS BY THEIR INSTRUCTORS. SCHOOL INSTRUCTORS MUST ASSUME FULL RESPONSIBILITY OF HIS/HER FIGHTERS ABILITY

SAFETY EQUIPMENT MANDATORY

Hands ☹ Feet ☹ Mouth ☹ Head ☹ Groin (men)

Participant signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

****We have the right to combine divisions when there are less than 3 competitors****

<p>Pre-registration: \$40.00 for all events</p> <p>At door: \$45.00 for one event \$5.00 for each additional event No personal checks at the door</p>	<p>Pre-registration must be received by 8/12/10 Send Check, Money Order or Cashier Check payable to: White Tiger Martial Arts 545 E Eighth St. Traverse City, MI 49686</p>
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