



To register and pay by check:
 Print and complete this form, mail with check to:
 Tracy's Kenpo Karate, 503 O'Hara Drive, Suite 6
 Troy, IL 62294

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ E-Mail: _____
 Style: _____ Rank: _____ Age: _____
 School: _____
 School Address: _____
 City: _____ State: _____ Zip Code: _____

Registration Information

Seminars & Banquet (\$249.00): _____ Total: _____
 Banquet only (\$50.00 per person): _____ Total: _____

*Register 10 or more participants and receive a complimentary Seminar and Banquet pass
 Separate registration and waiver required for each participant*

By submission of this form, I we, or parent(s) of the above named person(s), who is/are participating in the above named martial arts event/seminars, hereby give my/our approval for his/her participation in any and all activities of the event. I/We assume all risk incidental to the conduct of the class. I/We do further release, absolve, indemnify and hold harmless Tracy's Karate of Troy, IL, the event organizers, instructors, sponsors and supervisors, agents and employees associated with the event. In case of injury to my/our child/children or myself, I/we hereby waive all claims against the organizers, sponsors or any of the supervisors appointed to them. I/We likewise release from responsibility any person transporting my/our child/children or myself to or from the event or activity.

Signature of Participant: _____ Date: _____
 Signature of Parent: _____ Date: _____