



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/person): \_\_\_\_\_ Total: \_\_\_\_\_

Banquet Only (\$60/person): \_\_\_\_\_ Total: \_\_\_\_\_

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

By submission of this registration 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 risks incidental to the conduct of the class. I/We do further release, absolve, indemnify and hold harmless Tracy's Kenpo 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: \_\_\_\_\_