

## Competitor Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

DOB:MM/DD/YYYY \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex: M / F

Medical conditions or other information we should be aware of (i.e. Asthma):

Parent(s) or Guardian(s) Name \_\_\_\_\_

Home / Cell Number (If different from above) \_\_\_\_\_

Email (If different from above) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

**Name of Martial Art School** \_\_\_\_\_

**School Address** \_\_\_\_\_

**Instructor Name** \_\_\_\_\_ **Competitor Belt Rank** \_\_\_\_\_

**Competitor Martial Arts Style** \_\_\_\_\_

**RELEASE:** By signing this form, I waive any and all claims for myself and/or my child(ren) against Myloreal Anderson, MYLOREAL'S MARTIAL ARTS ACADEMY L.L.C., MYLOREAL'S MIXED MARTIAL ARTS L.L.C., MIKIO SURAI MARTIAL ARTS INTERNATIONAL, and any facility at which this program or competition is held. I waive any and all claims against the staff members of MYLOREAL'S MARTIAL ARTS ACADEMY L.L.C., MYLOREAL'S MIXED MARTIAL ARTS L.L.C., and MIKIO SURAI MARTIAL ARTS INTERNATIONAL for loss or damage to personal items, or injury that may result directly or indirectly from participation in this activity, program, or competition. MYLOREAL'S MARTIAL ARTS ACADEMY L.L.C., MYLOREAL'S MIXED MARTIAL ARTS L.L.C., and/or MIKIO SURAI MARTIAL ARTS INTERNATIONAL has my permission to photograph and video my child for promotional and/or educational purposes.

**X** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MUST HAVE WAIVER SIGNED TO PARTICIPATE

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Staff Only

**1 Event   2 Events   3 Events   Sparring   Weapons   Kata or BJJ**

**Experience Level: Beginning   Intermediate   Advanced   Black Belt**

**Number of Spectators** \_\_\_\_ **Paid: Cash or Card**