

**The 20th ANNUAL UPSTATE OPEN**  
**Western New York Grappling Championships**  
**Saturday April, 24<sup>th</sup>, 2010**  
**Start Time 9:00 am**

REGISTRATION FORM			
Name _____	Date of Birth (mm/dd/yyyy) _____	Age _____	
Address _____		City, ST, ZIP Code _____	
( ) _____ Phone	Years Training _____	Male/Female _____	Weight (lbs) _____
School Name _____		Instructor _____	
School Address _____		City, ST, ZIP Code _____	
Check Appropriate Division : <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Junior <input type="checkbox"/> Gi <input type="checkbox"/> No Gi <input type="checkbox"/> Both			

Canadian Money At Par For Tournament Must Show Proof Of Citizenship	Pre-Registration Post Marked By April 11th	Registration Post Marked After April 18th	Day Of Event	# Of Div.	Total Amount
<b>Entry Fee</b>	<b>\$45.00</b>	<b>\$50.00</b>	<b>\$60.00</b>		
<b>Spectator Adult</b>	<b>\$ 8.00</b>	<b>\$12.00</b>	<b>\$15.00</b>		
<b>Spectator Children (5-12)</b>	<b>\$ 5.00</b>	<b>\$ 7.00</b>	<b>\$10.00</b>		
<b>(Coaching without a pass will result in a penalty to that player). Coaches Pass (Must be affixed to wrist)</b>	<b>\$ 8.00</b>	<b>\$10.00</b>	<b>\$15.00</b>		
<b>Please Note: When Purchasing A Coaches Pass You Must Also Purchase A Spectators Pass!</b>			<b>Total Amount Due→</b>		

Money Order or Certified Check Payable To: Everage World Championship Karate, 1521 Ridgeway Ave., Rochester, NY 14615

I (Print Name) \_\_\_\_\_ the undersigned do hereby release International Federation of Martial Arts, Total Sports Experience, US Grappling, Machado Rochester, Richard Everage, Sr., Upstate Open Karate Championship, Ron Cain, Diane Cain, Zeke Marsh, Dwayne McKinney, John Gunn, George Wade, Emma Wade and any other person associated with this event in any capacity from any liability due to injuries, etc., that may occur as a result of my attendance/participation at this event. Furthermore, I hereby waive any compensation what so ever for the use of pictures, movies, 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 body contact. I have read, understand, and agree to abide by the rules associated with this event and assume full 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 this International Federation Martial Arts competition and also understand that a valid certificate should be presented at the tournament.

Competitors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian of Competitor (if under 18 years): \_\_\_\_\_