RDK ULTIMATE INTERNATIONALS

PRE–REGISTRATION FORM

***Please print clearly - *This form may be faxed & copied - * One form per competitor - *Postmarked by May 15th 2008 for Pre-Reg. prices to be honored**
MAKE COPIES OF THIS REGISTRATION FORM - ONE FORM PER COMPETITOR – MAKE COPIES OF THIS REGISTRATION FORM – ONE FORM PER *COMPETITOR

1. COMPETITOR INFORMATION (PLEASE PRINT CLEARLY)

LAST NAME:											FIRST NAME:															
ADDRESS:																										
CITY / STATE / ZIP:																										

TELEPHONE: _____ DOJO NAME: _____

BIRTHDATE: _____ GENDER: ☐ M ☐ F DOJO ADDRESS: _____

AGE: _____ RANK / BELT: _____ DOJO CITY/STATE/ZIP: _____

E-MAIL: _____ DOJO PHONE: _____ INSTRUCTOR: _____

2. DEADLINE & FEES: -------Make all checks payable to: RDKT and mail to P.O.Box 6085 Vallejo, Ca 94591--Pre Reg by: May 15tn

COMPETITORS:	BY MAY 15TH	AFTER	QTY	COST	TOTAL
First Division:	$ 45.00	$ 65.00	1 X	$_____	= $_____
2nd Division:	$ 20.00	$ 30.00	1 X	$_____	= $_____
Each Addt'l:	$ 10.00	$ 15.00	___ X	$_____	= $_____
BB Team: Fighting / Kata	$ 125.00	N/A	1 X	$_____	= $_____
UB Team Fighting: Fighting / Kata	$ 75.00	N/A	1 X	$_____	= $_____

NOTE There must be at least **Three** teams in one division to receive the prize money for 1st Place.

SPECTATORS:					
Kids 5 - & Sr. 65+	FREE	FREE	_N/A_X	$___N/A__	= $ FREE
Saturday:	$ 10.00	$ 13.00	_____X	$_____	= $_____
Video Pass: (Spectator fee not included)	$ 20.00	$ 30.00	_____X	$_____	= $_____
Coach's Pass: (Spectator fee not included)	$ 20.00	$ 30.00	_____X	$_____	= $_____

NO REFUNDS- PLEASE DO NOT ASK!! TOTAL= $_____

T- SHIRT SIZE: **CHILD - M L** **ADULT- S M L XL XXL**
ONLY FOR **THE FIRST 300** PRE-REGISTERED COMPETITORS!!!

Registration Deadline: May 15th 2008
Online Registration: Register online at;
WWW.ultimateinternationals.COM

3. PAYMENT METHOD:

Please check one: **NO CHECKS AT DOOR**
____Check (enclosed)
____Cashiers Check/ Money order
____Visa _____Discover ____Master Card
____American Express _____ATM

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CARD NUMBER: EXP DATE: ____/_____/___

By signing below, I agree to pay the above total amount charge as a non refundable charge to my credit card. I agree the charges will not be charged back or cancelled. (NOTE - $3 fee will be added/billed to all CC charges)

TOTAL AMOUNT: $_____

_____
(PRINT CARDHOLDERS NAME)

_____
(CARDHOLDERS SIGNATURE)

4. COMPETITOR DIVISION INFORMATION (PLEASE PRINT CLEARLY)

EXAMPLE:	K - 01	EXAMPLE:	FTK- 20	EXAMPLE:	K – 01	K - 09
FIRST TIME:		SPARRING:		TIGER CLAW ELITE KATAS / FORMS:		
KATA / FORM:		PT. KICKBOXING:		TIGER CLAW ELITE SPARRING:		
2ND KATA /FORM:		CAPOEIRA:		TIGER CLAW ELITE WEAPONS:		
WEAPONS:		SELF- DEFENSE:		SPORT JUJITSU:		

5. COMPETITORS & PARENTS PLEASE READ & SIGN:

WAIVER AND LIABILITY RELEASE:

In consideration of acceptance of my entry to this Karate competition, I the undersigned, for myself, executors, administrators, heirs, guardians, assignees, and next of kin, hereby release waives, discharge and covenants not to sue Ultimate Internationals, Ray Delgado, Ray Delgado's Karate School, Ray Delgado's Staff, The Gold Cup Promoters, Gold Cup Circuit, Staff and Volunteers, Officials, Medics, Tiger Claw, Tiger Claw Elite, The Bay Area TKD group, Johnny Davis, The International Kickboxing Federation (IKF), The Capoeira Group, Sport Jujitsu Group and all members and all official persons, staff & volunteers and City of Santa Clara included but not limited to any personnel associated with this event from ALL CLAIMS AND LIABILITIES of any kind arising out of my attendance and participation in this event. Each of the undersigned acknowledges that this event carries in nature the risk of serious injury and or property damage and loss. I hereby assume all risk and liabilities of participation in this event regardless of cause and expressly acknowledge and agree that I am fully aware of the risks and hazards in participation in this event and hereby elect to enter voluntarily. I certify that I am mentally and physically fit to participate. I also grant full permission to the event sponsors to use any photograph, videos or recordings for any legitimate purpose of advertisement. The undersigned also agrees that ALL FEES ARE NON-REFUNDABLE, and that the Promoter reserves the right to combine divisions.

AUTHORITY TO TREAT:

I the undersigned, give the Tournament First Aid staff the power to authorize medical or other treatment of the person named above under the "FIRST" and "LAST" NAME. If I am not the person so named, I am the Parent, guardian or the adult responsible for the person named, and I have the legal right to grant this power. Treatment may be made without regard to whether I or any other parent or guardian has been contacted or has consented to the specific treatment. I understand treatment will be limited to emergency first aid type and I will be financially responsible for any hospital or emergency care related costs. I understand that the STAFF or others may have some skills in first aid and at their discretion I authorize them to use those skills and techniques to assist in any circumstances in which they judge their skills would be necessary or helpful.

Participant's Signature: _____ **Date:** _____/_____/_____

Signature: _____ Legal Guardian: (print) _____ Relationship: _____