



Pro Martial Arts Best of the Best Challenge

COLOUR BELT REGISTRATION FORM (White Belt to Black Stripe)

SATURDAY APRIL 29, 2023 – 10:00 AM START TIME

**Tournament Location: Sheridan College Davis Campus - 7899 McLaughlin Rd, Brampton ON L6Y 5H9
Athletic Centre "C" Wing**

**REGISTRATION \$90 FOR 1 OR 2 EVENTS
SPECTATORS AGES 6 & UP \$10 AT THE DOOR**

**ALL APPLICATIONS AND FEES MUST BE SUBMITTED BY APRIL 22, 2023
NO REGISTRATION AT THE DOOR ON THE DAY OF THE COMPETITION**

**PAYMENT CAN BE MADE IN CASH OR BY E-TRANSFER TO: giselnunes@rogers.com
In the body of the E-Transfer, please write the participants first and last name & school**

**REGISTRATION FORMS CAN BE EMAILED TO promartialarts@rogers.com OR MAILED TO
PRO MARTIAL ARTS, 3663 MAVIS RD., UNIT 15, MISSISSAUGA, ON, L5C 2Z2**

NO CHEQUES WILL BE ACCEPTED

NAME: _____
(PLEASE PRINT CLEARLY)

SCHOOL NAME / DOJANG: _____ **INSTRUCTOR:** _____

AGE: _____ **MALE** **FEMALE**

Please Circle One:

BELT:	WHITE	YELLOW STRIPE	YELLOW	GREEN STRIPE	GREEN
	BLUE STRIPE	BLUE	RED STRIPE	RED	BLACK STRIPE

REGISTERING FOR THE FOLLOWING: **PATTERN** **SPARRING**

I, _____ hereby submit my or my child's application for registration at the Pro Martial Arts Best of the Best Challenge. By signing this form, I agree to waive all claims against any person(s) connected with this tournament, for any injury I or my child may sustain during the tournament, and likewise assume full responsibility for my or my child's actions in connection with said competition. I further understand and agree that any pictures or videos taken of me or my child in connection with the said competition may be used by the tournament directors for publicity or promotion without compensation at this time or any future date. **There will be no refunds for registration cancellation.**

Applicant's Signature (18 years of age & up) **Parent/Guardian Name (If applicant is under 18 years of age)** **Parent/Guardian Signature** **Date**