

OCEAN BEACH MARTIAL ARTS



17th Annual Ocean Beach Invitational Tournament

http://www.obmartialarts.com/Tournament.html

SAT OCTOBER 11th 2014

OB Rec. Center (Gym), 4726 Santa Monica Ave., 92107

TIME: 9 AM TO 4:00 PM ENTRY FEE: \$30 (\$40 Day of Event)

School: _____ Instructor: _____

Rank: _____ Age: _____ Sex: _____ Time in training: _____ Years: _____ Months: _____

Mail entry and check made out to: Tom Blamey 2125 Abbott St. San Diego, CA 92107

ALL ENTRIES TO BE RECEIVED NO LATER THAN Oct. 4th(for \$30 cost)

Competing in: (CIRCLE ONE) FORMS SPARING BOTH

Name: _____ Address: _____ Phone: _____

I, the undersigned do hereby submit my application for attendance and participation in the 2014 Ocean Beach Invitational Tournament and hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain. I fully understand that any medical treatment given to me will be of a first aid type only. I do hereby discharge The City Of San Diego, The Ocean Beach Recreational Center, The Ocean Beach Invitational Tournament Committee, Tournament Director, volunteers, sponsors, medical nurse/doctor demands or suits what so ever, which I may now or hereafter claim to have, on account of injury sustained and suffered by my connections with said tournament or any said medical assistance and treatment.

If the Competitor is under 18 years of age, this release and consent is also to be signed by the parent or legal guardian of Competitor.

Competitor _____ / _____ Date: _____ PRINT NAME SIGNATURE

Parent/Legal Guardian _____ / _____ Date: _____ (competitor under 18 yr of age) PRINT NAME SIGNATURE