

2018 DETROIT CLASSIC KARATE CHAMPIONSHIPS

Make send payments to: Metropolitan Karate Academy 28733 Dequindre rd. Madison, Heights, MI 48071

REGISTRATION Deadline: October 4, 2018

Circle the event(s) for which you are competing

**\$60 pre-registration all events
\$60 first event \$5 each additional at door**

NO CHECKS ACCEPTED DAY OF EVENT

Weapons

8 & Under Nov
8 & Under Adv
9-10 Nov
9-10 Adv
11-15 Nov
Adult Nov
10 & Under Black Belt
11-12 Black Belt
13-15 Black Belt
Adult Black Belt
Senior 35+ Black Belt

Forms

5 & Under
6 Nov
6 Adv
7-8 Nov
7-8 Int
7-8 Adv
9-10 Nov
9-10 Int
9-10 Adv
11-12 Nov
11-12 Int
11-12 Adv
13-15 Nov
13-15 Int
13-15 Adv
Adult Nov
Adult Int
Adult Adv
10 & Under Black Belt Trad
10 & Under Black Belt Open
11-12 Black Belt Open
11-12 Black Belt Trad
13-15 Black Belt Open
13-15 Black Belt Trad
Adult Black Belt Open
Adult Black Belt Trad
Women Black Belt
Senior Black Belt

Sparring

5 & Under
6 Nov
6 Adv
7-8 Nov
7-8 Int
7-8 Adv
9-10 Nov
9-10 Int
9-10 Adv
11-12 Nov
11-12 Int
11-12 Adv
13-15 Nov Boys
13-15 Int Boys
13-15 Adv Boys
13-15 Nov Girls
13-15 Adv Girls
Adult Men Nov
Adult Men Int
Adult Men Adv
Adult Women Nov
Adult Women Adv
Senior Men
Black Belt 10 & Under (M)
Black Belt 12 & Under (F)
Black Belt 11-12 (M)
Black Belt 13-15 (M)
Black Belt 13-15 (F)

**Black Belt 16-17 (M)
**Black Belt 16-17 (F)
Black Belt Men LT
**Black Belt Men Mid
Black Belt Men Heavy
Black Belt Women
Black Belt Senior Men 35+
Black Belt Senior Women 35+
Continues Sparring

** Indicates division not offering MSKC ratings points.

NAME: _____ BIRTH DATE: _____ - _____ - _____ AGE: _____ As of January 1, 2015 BELT RANK _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ MARTIAL ARTS SCHOOL _____

In consideration of my and or my child's participation in the above referenced event at Success Mile Academy, I agree to assume the risks incidental to such participation and use (which risks may include among other things muscle injuries and broken bones). I hereby assume all risks arising from said event and release the event directors, The Michigan Math & Science Academy and any of their agents, officers, and employees in the event of any claims due to injury to the participating party. I am aware of the participants medical conditions and herby certify that the participant is mentally and physically able to participate.

Signature _____ Date: _____
Guardian signature if under the age of 18