

2017 DETROIT CLASSIC KARATE CHAMPIONSHIPS

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

R E G I S T R A T I O N

D e a d l i n e : S e p t e m b e r 2 9 , 2 0 1 7

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: _____ BELT RANK _____
As of January 1, 2017

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 Success Mile 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 hereby certify that the participant is mentally and physically able to participate.

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