

MARTIAL ARTS MAYHEM 2019



Martial Arts Mayhem Pre-Registration Form
Complete by March 11, 2019

PKC # R_____ - _____

Mail to: McLaughlin's Martial Arts
9 South Park Avenue
Lisbon, Ohio 44432

Name: _____ Age: _____ Birthdate: ____/____/____

Address: _____ City _____ State _____ Zip _____

Competitor Phone No: _____ Instructor Phone No: _____

School: _____ Instructor: _____

Male Female Kata Sparring Weapons Self Defense Chanbara

Belt Rank/Kyu Rank: _____ Division: _____

Email: _____

I agree to assume full responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while attending or participating. I hereby waive all claims against the promoters, operators, sponsors, advertisers, tournament agents or the Professional Karate Commission. I hereby waive any compensation whatsoever, for the use of photos, movies, media coverage, etc. utilized by those associated with this event at any time. I fully understand that any medical treatment given to me will be of a First-Aid treatment only.

Signature: _____ Date: _____

Parent/Guardian (If under 18): _____ Date: _____

CASH OR MONEY ORDERS ONLY, PAYABLE TO McLaughlin's Martial Arts-
NO PERSONAL CHECKS OR REFUNDS
BIRTH CERTIFICATES ARE MANDATORY IN ALL DIVISIONS

MARTIAL ARTS MAYHEM 2019

**SATURDAY March 23, 2019 @ 10 AM SHARP
LISBON DAVID ANDERSON HIGH SCHOOL**

260 West Pine Street, Lisbon, OH 44432

SPARRING*KATA*WEAPONS*SELF DEFENSE*CHANBARA

HOSTED BY: McLaughlin's Martial Arts



PKC Single National and
PKC Region 3 State Points



