



2024 SIOUX FALLS CLASS A TOURNAMENT

PRESENT THIS FORM WITH REGISTRATION FEE

Tournament Date: Oct. 4-5, 2024

Location: Sioux Falls, SD

Hosted by: Grand Master Larry Hoover

NAME: _____

GENDER: Male Female (circle one)

COMPETITION AGE: _____ (as of 12-31-2024) BIRTHDATE: _____

FAMILY MEMBER: 3rd & Up

ATA # _____ (ATA # required for any points earned)

COMPETITION RANK: _____

CITY, STATE: _____

INSTRUCTOR: _____

COMPETITOR INFORMATION

I am competing as a: TIGER - Compete @ 9:00am MODIFIED ABILITY: Physical Cognitive Autistic

CHAMPION

RECREATIONAL (NO POINTS AWARDED FOR RECREATIONAL)

Age Division:

TIGER 8 & ↓ 9-10 11-12 13-14 15-17 18-29 30-39 40-49 50-59 60-69 70 & ↑

Check Rank You Are Competing As:

WHITE

ORANGE

YELLOW

CAMO

GREEN

PURPLE

BLUE

BROWN

RED

1ST

2ND

3RD

4TH

5TH

I AM COMPETING IN THE FOLLOWING EVENTS

REGISTRATION FEES

TRADITIONAL EVENTS:

- FORM
- SPARRING/ONE STEPS
- WEAPONS
- COMBAT WEAPONS

XMA - CREATIVE:

- XTREME FORMS
- XTREME WEAPONS
- CREATIVE FORMS
- CREATIVE WEAPONS

Form/Sparring **OR** One-Step

\$50

Form/Sparring **AND** One-Steps (White/Orange/Yellow)

\$70

First Event **IF NOT** Form/Sparring

\$40

Each Additional Event

\$20

TOTAL PAID:

*IF A COMPETITOR DOES NOT COMPETE IN FORMS/SPARRING THEIR 1ST EVENT IS \$40 THEN \$20 FOR EACH ADDITIONAL EVENT

*IF FORMS AND OR SPARRING IS ADDED LATER IT IS \$50, WITH NO RETROACTIVE DISCOUNT

*FAMILIES OF 3 OR MORE COMPETITORS WILL PAY REGULAR FEE FOR THE FIRST TWO FAMILY MEMBERS AND HALF OFF THE REGULAR PRICING FOR EACH ADDITIONAL FAMILY MEMBER PER EVENT

HOLD HARMLESS AND LIABILITY RELEASE AND WAIVER AGREEMENT

I, _____, have applied to participate in this ATA Class A Tournament. I understand that by registering in this tournament that I am subjecting myself to possible injury as I am voluntarily engaging in a contact sport. By signing this form, I fully understand all of the rules and safety requirements set forth by the ATA. I agree that the ATA, tournament host, judges and instructors or anyone else will not be responsible for my safety. I agree to assume all risk associated in this sanctioned event.

I state that I am of legal age (18) or have had a guardian review and sign this document. I represent that I am of good health and condition to participate in this event.

Signature

Date

To be signed if the above is to be executed by a Parent or Legal Guardian.

As a parent or legal guardian, we hereby wish to register _____ to participate in this ATA Class A Tournament. I understand that by registering my child in this tournament that I am subjecting them to possible injury as I am voluntarily engaging them in a contact sport. By signing this form, I fully understand all of the rules and safety requirements set forth by the ATA. I agree that the ATA, tournament host, judges and instructors or anyone else will not be responsible for my child's safety. I agree to assume all risk associated in this sanctioned event.

Signature

Date