



Pro-Am2005 Membership Application

Competitor Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ **Email:** _____

Date of Birth (mm/dd/yyyy): _____

Age on January 1, 2005: _____

Belt Rank: _____

Team: _____ **Coach:** _____

Martial Arts School: _____

Address: _____

City, State, Zip Code: _____

Instructor: _____

Phone (w/ area code): _____

Enclose check or money order for \$24 for each application payable to: Champions
Choice, Pro-Am Circuit

Mail to: Pro-Am, 4210 Rainbow Kansas City KS, 66103

Waiver

On behalf of myself and the above-named competitor, I hereby release, hold harmless and indemnify the Pro-Am Circuit, its officers, employees, participating tournaments, participating promoters, volunteers and agents from and against all claims for personal injury or property damage that I, the Competitor named above and any guests accompanying us should sustain as a participant, volunteer or in any other way associated with Pro-Am Circuit activities and events. I agree to allow the Pro-Am and any journalists to photograph and/or videotape me at all Pro-Am Sport Karate events and activities for any purpose and without any expectation of compensation for any reason.

Competitor Signature
Parent/Guardian Signature (if under 18)

Date
Official Use
Date received _____ by _____