2024 TIGER CLAW KUNG	GFUMAGAZI	NE.COM 8	& SHAOLIN (GAME	S CHA	MPIONS	HIPS	ENROLLMENT FORM	
	Please Print Clear	ly - One Form p	er Competitor - Ma	ke Copies	of this F	Registration Fo			
1. COMPETITOR'S INFORMATION:							2. L	.IST DIV #'S ENTERING:	
Last Name:	First:	M	M/F:Weight:			. 1	l		
Rank: (Circle) BEG INT ADV	E-Mail:							2	
Birthdate: / /		Competition Age (as of 1/1/2024):						3	
Address:		Citv:		ST:	Zip:		4	4	
Home Ph: ()								5	
		Team:						ð	
								8 Example: CA010	
School:			· · ·						
	March 22 ND	April 5 [™]	April 19 TH		<u>ле-і</u> Х	COST		TOTAL	
<u>REGULAR DIVISIONS</u> CMA First Division	\$80	\$80	\$85	4	X	\$	=		
CMA Each Additional	\$00 \$25	\$30	\$30			\$\$	-	\$ \$	
SPECIAL DIVISIONS			·		_		_		
May the Fourth LED Saber Champions	· · · · · · · · · · · · · · · · · · ·	\$80				\$		\$	
WildAid Cub/Teen Tiger Championship		\$80	+ • •			\$		\$	
WildAid Tiger Claw Championship	\$80	\$80	\$85		<u> </u>	\$		\$	
Each First Timer Division Sparring Set per Group (Beg / Int / Adv)	\$80 \$80	\$80 \$80	\$85 \$85		X X	\$ \$		\$ \$	
Team Competition (Internal / External) (Int /))	-	\$		\$\$	
SUB TOTAL \$ SPECTATORS POSITIVELY NO REFUNDS - PLEASE DON'T ASK									
			-01103					¢	
ADMISSION \$20	\$20	\$20		Х	Ф_		= TOT	\$	
SPECTATORS AT DOOR \$20 (CASH) TOTAL \$ 4. COMPETITORS AND PARENTS, PLEASE READ AND SIGN BELOW									
I, hereby waive any and all rights or claims I may have against Sar Jose Convention Center (South Hall), City of San Jose, CA., Pioneer Interstate Inc., Tiger Claw, KungFuMagazine.com, TC Media Intl. Inc., Its staff, vendors, volunteers or sponsors, and any agents, employees, servants, spokespersons, or representatives of such above mentioned entities ("TCEC Group"). And I hereby release and discharge them from any and all claims resulting from injuries, including death, damages or loss which may accrue to me or my heirs arising out of or in any way connected with my attendance and/or participation at TIGER CLAW ELITE CHAMPIONSHIP 2024. I represent and warrant that I am physically and mentally fit, able to participate, and I do hereby sesume responsibility for my own well-being, understanding that participation involves bodily contact. I guarantee that I can provide proof of Health Insurance Coverage for myself, which may be requested at any time. I have read, understand and are to abide by the TCEC trules associated with TCEC events and assume all responsibility for infringement of such rules and agree to accept the tournament arbitrator's decisions as final. I consent to allow any reproductions of me or likeness created in any manner whatsoever, photographed, filmed or videotaped in connection with the TIGER CLAW ELITE CHAMPIONSHIP 2024 which can be used for instruction, publicity, promotion or television broadcast and I waive any and all compensation in regards thereto. I agree that I have obtained permission from the artists of any music I use in conjunction with my competition and verify by signing this permission that in doing such, I will indemnify, defend and hold harmless all the above named parties from any liability for used that this artist's permission permits the above names parties to use such music in recorded performances of myself for instructional purposes, publicity, promotion, video and/or televised broadcast and I waive any and all compensation for such.									
Competitor or Parent/Guardian Signature Assuming Responsibility if under 18 2024 TCKFMC Checklist - Did you: IFIII in the correct division #'s @ BOX 2. Double check! TCKFMC is NOT responsible for divisional entry errors. Absolutely NO AT DOOR Division Switching									
Sign the release on the Enrollment form Make M.O. / Checks for correct amount payable to: TIGER CLAW Mail THIS FORM & PAYMENT to: Tiger Claw 40740 Encyclopedia Circle Fremont, CA 94538			L L	Questions? Call 408-209-8150 (Gigi) / 408-892-1272 (Joan) Please DO NOT Staple Payment Together, Use Paper Clip - THANK YOU POSITIVELY NO REFUNDS - PLEASE DON'T ASK ©					
Credit Card Information:	Address:		An	t:	Credit	Card #			
First Name:									
Last Name:					-				
Tel: ()									
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