

BLUEGRASS BRAZILIAN JIU-JITSU OPEN

REGISTRATION

Name (please print): _____

Address: _____

City, State, Zip: _____

Phone: _____ Male/Female: _____ Age: _____

Facility/School at which you train: _____

Instructor/Team: _____

Rank (circle one) White Belt Blue Belt Purple Belt Brown Belt

*(Note: Judo Brown & Black Belts may not compete in the White Belt Division)

Grappling Experience: _____ Years & _____ Months

“I _____ voluntarily submit my registration for competition in the Bluegrass Brazilian Jiu-Jitsu Open Tournament. I am aware of the inherent dangers of a competition of this nature. I realize that Allan Manganello, Louisville Martial Arts Academy, referees, representatives, instructors or other tournament participants will not be responsible for my safety in or out of the competition area. I have read all the rules and agree to adhere to them. By signing this waiver, I am releasing Allan Manganello, Louisville Martial Arts Academy, referees, representatives, instructors and other tournament participants from any and all responsibility.”

Signature _____ Date _____

Signature of Parent/Guardian (if under 18) _____ Date _____

***Make all checks payable to:
Louisville Martial Arts Academy
3545 Springhurst Blvd.
Louisville, KY 40241***