



Champlain Valley Open

Sorry No CHECKS day of event – Venmo or cash only!

Name: _____ Male or Female (circle) Age: _____

Address: _____

Phone: _____

School/Instructor: _____

Rank/level (circle):

Novice Intermediate Advanced Black belt

Division: (check all divisions competing in)

Position Grappling: _____ Wgt: _____ Power breaking: _____ Board Breaking: _____

Weapons: _____ Forms: _____ Sparring: _____

I, the undersigned, hereby release April Pettengill, Arrowhead Martial Arts and Fitness, Twin State Martial Arts Association, University Mall, KeyPoint Partners, and all persons associated with his event in any capacity, from being sued or any liability due to injuries, etc. that may occur as a result of my attendance and/or participation at the above specified event. Furthermore, by signing, I allow for the use of pictures, movies, media coverage, etc. utilized by those associated with this event at any time with no compensation.

Signature

Signature of parent or guardian if under 18

Pre-registration - \$60

Pre-registration for Whistlekick Alliance schools - \$55

Day of event: \$70. – NO CHECKS day of events

Venmo @April-Pettengill

Make Checks payable to: AMAF

Mail: 195 Goodrich Hill Road

Fairfax, VT 05454

802-233-9673