



SORRY NO CHECKS DAY OF EVENT

Name- _____ Male or Female ____ Age- _____

Address- _____

_____ Phone - _____

School/Instructor- _____

Rank- (Circle your rank)

Novice Intermediate Advanced Black Belt

Divisions (Check all divisions competing in)

Position Grappling- _____ Weight- _____

Weapons- _____ Forms- _____ Sparring- _____

I, the undersigned, hereby release Huzon and Stacey Alexander, Twin State Kickstart Tournament, Twin State Martial Arts Association, Fireside Inn & Suites, and all persons associated with this event in any capacity, from being sued or any liability due to injuries, etc. that may incur as a result of my attendance and/or participation at the above specified event. Furthermore, I hereby waive any compensation whatsoever for the use of pictures, movies, media coverage, etc. utilized by those associated with this event at any time.

(Signature)

(Signature of parent/guardian if under 18)

Pre-Registration- \$60
(Due 2/27/26)

Day of Event- \$70

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Make Checks Payable to: Twin State Martial Arts
5105 VT Route 100
Londonderry, VT 05148