

32nd Battle of Florida – Pre-Registration Form – June 6th , 2009

Email Address: _____ @ _____

Competitor Name: First _____ Last _____

Address _____ City _____ St. _____ Zip _____

Phone (____) _____ - _____ Fax(____) _____ - _____ Date of Birth ____/____/____ Age by June 30 _____

Weight _____ Male ____ / Female ____ Rank/Belt _____ Instructor _____

School _____ Team _____

PLEASE CHECK ALL EVENTS YOU ARE ENTERING

- | | | |
|---|--|--|
| <input type="checkbox"/> Traditional Weapons (All Ranks) | <input type="checkbox"/> Musical Weapons (Black Belts) | <input type="checkbox"/> Synch. Forms (All Ranks) |
| <input type="checkbox"/> Traditional Forms (All Ranks) | <input type="checkbox"/> Musical Forms (Black Belts) | <input type="checkbox"/> Demo Team Forms (Black Belts) |
| <input type="checkbox"/> Point Sparring (All Ranks) | <input type="checkbox"/> Creative Weapons (Black Belts) music opt. | <input type="checkbox"/> Cont. Lt. Contact Kick Boxing (All Ranks) |
| <input type="checkbox"/> Self Defense (All Ranks) | <input type="checkbox"/> Creative Forms (Black Belts) no music | <input type="checkbox"/> Team Sparring (Blk Belts) |
| <input type="checkbox"/> Extreme Weapons (Black Belts) no music | <input type="checkbox"/> Open Weapons (Under Black) music opt. | <input type="checkbox"/> ISKA South East Breaking Championships |
| <input type="checkbox"/> Extreme Forms (Black Belts) no music | <input type="checkbox"/> Open Forms (Under Black) music opt. | |

Payment Information – No Refunds – Sorry No Personal Checks – Make Cashiers Check or Money Order Payable to: DZ Enterprises, Inc. / Mail to: 18238 Jupiter Landings Dr. * Jupiter, FL 33458

SAVE TIME – PRE-REGISTER ONLINE: www.battleofflorida.com/battle.html

CALL FOR TEAM DISCOUNTS – ECONOMY PACKAGES AVAILABLE – 561-575-5425

Events	By June 3rd	Totals
<u>COMPETITOR FEES – INDIVIDUAL EVENTS:</u>		
Competitor – 1 st Individual Event –	\$60.00	= _____
Competitor - Additional Individual Events –	\$12.00	x _____ = _____
<u>COMPETITOR FEES – TEAM EVENTS:</u>		
Competitor – Synchronized Forms –	\$25.00 (per member)	= _____
Competitor – Demo Team Forms –	\$25.00 (per member)	= _____
Competitor - Team Sparring –	\$35.00 (per member)	= _____
<u>SPECTATOR FEES:</u>		
Spectator – 10 years & Up –	\$12.00	x _____ = _____
Spectator – 9 years & Under –	\$10.00	x _____ = _____
Grand Total =		_____

Release of All Claims / Waiver of Injury

I hereby release and agree to hold harmless the promoters, (Danny & Theresa Zaino, Carl Stone, & Richard Hackworth), owners and lessees of the premises, (Ross Norton Recreation Sports Complex), participant officers, directors, officials, representatives, agents, and employees of all of them (NPL/FPCKE, FBBA, FLMA, NASKA, ISKA, Ring Star Inc., Action Radio Network, FightZone Media, Action Star Media, & World Martial Arts Magazine), from any loss, damage or injury (including death) to my person, children and property, in any way resulting from or arising in connection with this event or any cause whatsoever. I hereby acknowledge that I carry my own health insurance policy on myself and/or children and that I know the risk and danger to myself, children and property while on said premises or while participating or assisting in this event so, voluntary and in reliance, upon my own judgment and ability, I hereby assume all risk for loss, damage or injury (including death) to myself, children and my property from any cause whatsoever. Danny & Theresa Zaino (FPCKE / NPL) has the right to use all photographs, interviews, and filming of competitors, spectators, and celebrities for promotional use with the 32nd Battle of Florida for The Action Radio Network ("Danny & Theresa Zaino's Martial Arts Radio Hour", "Martial Arts Spotlight Hour", "The Dominique Zaino Show", "Sports Talk" with Tony & Joey Zaino), E-NEWS Email Campaigns (Entertainment News", World Tournament News", & "Martial Arts Masters Networking E-Service") and filming for the documentary movies "Born to Compete and "The Warriors Quest".

Signature of Competitor / Parent or Guardian if under 18 yrs. _____ Date: ____ / ____ / ____