

## BAI RUI CHAMPIONSHIPS 14<sup>th</sup> October 2018

PLEASE PRINT COMPETITOR DETAILS IN CAPITAL LETTERS

糕屋	Surname:			] [c	Given Names:					
· BAI RUI.	Height:	cm Weight: kg Rank				:		Gender:		
	Bai Rui Club or School:						Bai Rui Only Red Card No:			
Contact Numb		per:					AGE:			
		Requested Entry Due Date: 7 <sup>th</sup> October								
- Charring		Venue: Hibiscus Sports Stadium 90 Kl					<b>Klum</b>	pp Rd U	pper Mt Gravatt	
□ Sparring	Patterns  Special Techniques All ages  Breaking Must be 13 years or over		<b>Schedule</b> : 7:30am registration. 8am briefing. Juniors medal presentation will be done at the conclusion of the junior divisions.							
□ Special Techr			NO SMOKING throughout the premises . Smoking must be done outside please							
□ Breaking			All competitors must wear a mouth guard and all male competitors groin guard. Head Protectors are optional though high recommended							
·		☐ Senior (13 years and over) - \$66								
□ Team Patterns		☐ Junior (12 years and under) - \$55								
☐ <b>Team Sparring</b> Must be 13 years or over		☐ Extra Junior (If part of a family) - \$33 *								
		* \$33 for every junior where there is already a full price								
		competitor (junior OR senior) in the same family.								
			(Includes GST. Use your age on the day of the Tournament)							
In consideration of Bai Rui P/L tournament, I acknowledge an contestants, the parent body acknowledge that I am particip welfare, there is always a risk on claims implied or otherwise of also authorize Bai Rui P/L promotional activities including	d agree that I do or anyone else w ating in a body co of bodily injury. The will be made. to use video and	so entire hosoever ntact acti e tournan  photogr	ely at my over responsible vity and that nent I am no aphic record	wn ri e for t whil w pa	isk and s accident lst every articipating	shall not t, injury endeavo g in will	t hold or le our v be to	d the org oss of ar will be ma otally my r	anisers, officials, ny kind. I further ide to ensure my responsibility and	
Signature of the Student:			Date:							
Parent/Guardian (if under 18):			Date:							
Instructor's comments:			lt	Instructor's Name:						
				Offic	e Use C	nly:				

\*INSTRUCTORS and MANAGERS NOTE\* Please enter your competitors into the online tournament system (MATS) at <a href="http://www.bairuitournaments.com">http://www.bairuitournaments.com</a> before submitting the forms. You can sign up for a login on that page. Email <a href="tournament@bairui.com">tournament@bairui.com</a> or phone 0428 274 997 if you have any problems or questions. You will also need to return your competitor's forms to Bai Rui HQ AT LEAST 1 week prior to the tournament. Bai Rui Head Office contacts: Phone: 07 3325 1180, 0435 529 505, and 0431 022 074 Address: 3 St Andrews Crt, Albany Creek, QLD, 4035