



ARIZONA STATE KARATE CHAMPIONSHIPS

THREE-STAR TOURNAMENT

NOVEMBER 8, 2026

Hosted by Rising Sun Martial Arts LLC
and Tim Vandenoever
Peak Basketball Academy, Phoenix, AZ



Competitor "Pre-Registration" Entry Form

NAME _____ Birthdate _____ AGE on Nov. 8, 2026 _____
ADDRESS _____ APT _____ CITY _____ STATE _____ ZIP _____
TIME IN MARTIAL ARTS: _____ YEARS _____ MONTHS SEX: M / F PHONE: _____
USAMA MEMBER # _____ BELT RANK (Belt Color, Kyu, Degree If Black Belt): _____
SCHOOL: _____ INSTRUCTOR: _____
E-MAIL ADDRESS: _____

Please Register me for the following Individual Events:

_____ Forms (Kata) _____ Weapons (Kobudo)
_____ Sparring (Kumite) _____ Chanbara (Padded Sword Combat)
Number of Individual Events: _____ Total for Individual Events: \$ _____

PRE-REGISTERED (Postmarked by October 25th, 2026)

One Event: \$40

Two Events: \$75

Each Additional Event (3rd, 4th, etc.): \$15 each

AT DOOR REGISTRATION

One Event: \$50

Two Events: \$85

Each Additional Event (3rd, 4th, etc.): \$25 each

Waiver: I understand that karate is a contact sport. I am aware that I am participating in an activity which involves physical contact and injuries may occur which may potentially involve Covid & other virus contact, bodily harm or even death and do so at my own risk. I waive any claim or cause of action I may have against the promoters of the tournament, Rising Sun Martial Arts LLC, Tim Vandenoever, the USAMA National Team, and the U.S. Association of Martial Artists Inc., that may arise out of my participation in this tournament &/or activities. I further agree to indemnify and hold harmless the promoters, Tim Vandenoever, the USAMA National Team, and the U.S. Association of Martial Artists Inc., for any injuries, sickness, Covid & other viruses, or damages which may arise due to my participation in this tournament. I state that I do not suffer from Covid or any symptoms, and/or physical conditions, and/or mental conditions which may affect my participation in this tournament &/or activities. I further agree to conduct myself in a sportsmanlike and safemanner and understand if I fail to do so, I may be disqualified from the tournament and not entitled to a refund. I hereby grant the U.S. Association of Martial Artists, Inc. ("USAMA") permission to use my likeness in a photograph, video, or other digital media ("photos") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the USAMA. I agree to comply with the local public health orders. I also hereby give permission to medical personnel to administer First Aid or Emergency Treatment if, in their opinion, it becomes necessary.

Competitor's Waiver Signature ** _____ Date _____
**(Parent or guardian must sign if under 18)

Total for Individual Competitor Events Total: \$ _____
Payment Enclosed (Cash, Check or Money Order Payable to "Rising Sun Martial Arts LLC")



SPECTATOR ADMISSION: \$5.00 EACH

ALL PROCEEDS GO TO

St. Jude's Children's Hospital

Together We Can Make A Difference!



**St. Jude Children's
Research Hospital**

Mail All Entry Fees, Entry Forms To:

Rising Sun Martial Arts, 10855 N Frank Lloyd Wright Boulevard, Suite 107, Scottsdale, Arizona 85259