



Dragon Phoenix
Martial Arts

Chelmsford &
Natick, MA

The 26th Alliance Tournament

Sunday, November 19th, 2017

Londonderry High School
295 Mammoth Rd, Londonderry NH
Student Application Form

Kenpo Academy
of Self Defense

Derry & Salem, NH &
Methuen, MA



Name: _____ Age: _____ DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail address: _____

Height: _____ Weight: _____ Studio: _____

Self Defense Partner Name: _____ Age: _____ Rank: _____

EVENTS

Traditional Forms

Weapons Forms*

Musical Forms

Sparring (Male)*

Sparring (Female)*

Junior Blade

Adult Blade (18+)

Self Defense*

RANK

White

Yellow

Orange

Purple

Blue

Blue/Stripe

Green

Green/Stripe

Brown

Black

AGE

5-↓

6-7

8-9

10-13

14-17

18-34

35+

*Please Note

Self Defense: Partners must be the same age and rank category. Bring your own weapons.

Sparring: bring your own gear: head, hands, kicks, mouthguard and groin protector (male) are required.

Weapons Forms: bring your own weapon.

PRE-REGISTERED ENTRY FEE: FIRST TWO EVENTS : \$40,
EACH ADDITIONAL EVENT : +\$5
BLADE FIGHTING ONLY : \$20
LATE ENTRY: +\$10 (Applications received after Nov 1)
Please make checks payable to your school

SPECTATOR TICKETS at the door: \$10 (Under 5's Free)

In consideration of your acceptance of my entry, I do hereby for myself, my heirs, executors and administrators, waive, release and discharge **ALLIANCE TOURNAMENTS** and/or it's departments, officers, agents, representatives, successors and/or assigns and against any participants for any and all damages which may be sustained by me in connection with my association with or entry in the athletic meet, or which may arise out of my traveling to, participating in, or returning from said athletic event. Alliance Tournaments reserves the right to publish any photographs taken at the event for publicity and/or promotional purposes.

SIGNATURE (PARENT/GUARDIAN IF UNDER 18): _____ Date: ____/____/____

I hereby give permission to the attending physician or medical personnel to treat _____ in the event of an emergency.

Insurance carrier: _____ Policy Number _____ Signature _____

For further details please call Shihan Jesse Dwire, Dragon Phoenix Martial Arts, Chelmsford, MA (978) 250-1422 or Shihan Lenny Demers, Kenpo Academy of Self Defense, Derry, NH (603) 437-9900