

BSG MARTIAL ARTS



Online Registration: www.badgerstategames.org

Individual Registration Form

***** ALL INFORMATION IS REQUIRED!! *****
IMPORTANT! All athlete participants **MUST** sign the Amateur Athlete Waiver and Release of Liability.

Last Name

First Name

M.I.

Mailing Address

City

State

Phone Number

-

Zip Code

Male
 Female

Age

_____/_____/_____
Date of Birth (mm/dd/yy)

Weight

Belt

E-Mail - required (please print and make legible)

Media Release Yes No
Do you give permission to release your email and phone number to members of the media interested in interviewing you about participation in the Badger State Games?

Emergency Contact: _____ Phone Number: _____

EVENTS: All participants limited to a maximum of five events

- Forms: Traditional Open
- Speed Breaking
- Weapons
- Olympic Sparring
- Point Sparring
- Breaking
 - Boards
Approximate # boards: _____
 - Bricks
Approximate # bricks: _____

Age Brackets:

- Kids (ages 4 - 12 yrs.)
- Juniors (ages 13 - 17 yrs.)
- Seniors (ages 18 - 32 yrs.)
- Ultra (ages 33 + yrs)

Belt Colors:

- Black
- White
- Gold
- Orange
- Red
- Green
- Blue
- Purple
- Brown

Gym/Studio/Club name: _____

Master/Coach name: _____

All players receive a T-Shirt with entry Fee. *Shirt Size:* _____

How did you hear of the Badger State Games: _____

How many times have you participated in the games: _____

Online / Mail In / Fax pricing until May 8th, 2017

- One Event \$50
- Each additional event \$10
- Board Breaking \$60
- Board Breaking as additional event \$20
- Brick Breaking \$60
- Brick Breaking as additional event \$20

On-Site Pricing:

- One Event \$75
- Each additional event \$15
- Board Breaking \$75
- Board Breaking as additional event \$30
- Brick Breaking \$75
- Brick Breaking as additional event \$30

Please fill out for our records. Thank you!

Make checks payable to:
 Badger State Games
219 Jefferson Street
Wausau, WI 54403
Fax 715-359-2306
Phone 715-355-8788

TOTAL: _____ Circle: CASH CHECK # _____

*To pay by credit card (Visa/Mastercard):

Name as appears on card: _____

Account # : _____ Exp. Date: ____/____/____ CVV#: _____
(3 digit code on back)

Signature: _____

Billing Address: _____



TOTAL: _____