•SATURDAY, MARCH 20th, 2004
•CALEDONIA HIGH SCHOOL MAIN GYM
(Tournament for 'Athletes in Motion' Students)

★PROMOTING: SELF-ESTEEM ★CONFIDENCE ★ ★ COMPETITIVE SPIRIT★

BRING THE ENTIRE FAMILY & FRIENDS
WATCH YOUR CHILD COMPETE IN UP TO 5 EVENTS

All Participants receive a TROPHY!!

- **Great learning experience**...**especially beginners!**
- Compete in up to **5 events** against your age/belt group
- Over **300 Trophies** will be awarded: 1st, 2nd & 3rd place**!**
- All Participants will take home a marble trophy!!
- **7 EVENTS:** (For event descriptions: **www.aimusainc.com)**
  - **"Best Kick"**
  - **"Show What You Know"**
  - **"Walk With Confidence"***(8 yrs & younger & all below Green)*
  - **"Danger Alley"** *(9yrs.& older, Green belt and a higher)*
  - **Girls Sparring** *(Light Contact)*
  - **Boys Sparring** *(Light Contact)*
  - **Championship Sparring** *(10yrs & up & Green belt & above)*

REGISTRATION FEE:
1 event..... *$19.00*
2 events *$25.00*
3 - 5 events..... *$29.00**

TIMES: Saturday. March 20
Reg.& check-in 8:30-9:15a.m.
'Walk of Champions' 9:15- 9:30
Competition 9:30 - 2:00 p.m.

Come join us for a FUN and exciting Saturday Morning!

Spectators: $2.00 5 yrs and under ***FREE***

- ***Add'l family member..$19 all events*** *(Required for Sparring: Mouth & Shin guards & groin*

Save time & Pre-Register PLUS receive a ***GIFT*** *at check in!! (May also register day of event)*

Lunch & Snacks Available at Concessions / more tournament info. **www.aimusainc.com**

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SAVE TIME & REGISTER BY Mail: ***Mail by Mar. 16th (ENCLOSE SIGNED WAIVER & CHECK)***
CHECKS PAYABLE: Athletes in Motion **MAIL:** Athletes in Motion, 10310 East Rivershore, Alto, Mi.49302

Name(s):_____**AGE:**_____**BELT**_____**M/F**____**School**_____
(please print one name per registration) ***(Please indicate below which events your child will compete)***

"Best Kick" ☐ / ***"Walk with Confidence"*** ☐ / ***"Show What you Know*** ☐ / ***Danger Alley*** ☐ / ***Sparring*** ☐ / **Champ Sparring** ☐

I, The undersigned, as parent/legal guardian of the child registered on this form do hereby voluntarily submit their application for attendance and participation in the Athletes In Motion Tournament and hereby assume full responsibility for any and all damages, injuries, or losses that they may sustain or incur, if any, wile attending or participating, and I waive all claims against the promoters, or operators, or sponsors of Athletes in Motion, Individually or otherwise for any claim or injuries that they may sustain. I fully understand that any medical treatment given to my child will be of a first aid treatment type only. I consent that any pictures furnished by me or my child or any pictures taken of me or my child in connection with the Self-Defense tournament can be used for publicity, promotion, or television show, and I waive compensation in regards thereto.

SIGNED _____PH (_____) _____DATE_____2004
(Parents/Guardian)

'Parent Helpers' NEEDED to assist in tournament....please see your instructor **PHONE:** 616-891-4445 www.aimusainc.com