

Players - Fill out ① to ⑤ and backside (and ⑥ for Super Grands only) CHECK (✓) only one & fill in Div. No. (Fill out a separate card for each division you compete in)											
① POINT CONTINUOUS TEAM SPARRING										Division Number <div style="border: 1px solid black; height: 40px;"></div>	
② <div style="display: flex; justify-content: space-between;"> First Name Last Name (Keep name consistent - no nicknames) State </div>											
③ <div style="display: flex; justify-content: space-between;"> Age as of Jan. 1 this year Nov Int Adv BB M F Country from Weight </div>											
④ Instructor _____ School _____ ⑤ Team Coach _____ Team Name _____											
⑥ FILL OUT FOR SUPER GRANDS ONLY <i>(Fill in your final NBL rankings for this division only)</i>											
Highest NBL Nat. Rank _____ Conference _____ 2nd highest _____ Con. _____ 3rd _____ Highest NBL Reg. Rank _____ Conference _____ 2nd highest _____ Con. _____ 3rd _____ Not NBL rated in this division (wild card) (✓) _____ AMATEURS: SKIL Int. Ranking _____ Nat. Ranking _____ State Ranking _____ Total points in this div. _____ State Games pts. _____ Not SKIL ranked (✓) _____											
OPPONENT'S ROUND INITIALS _____ 1. 1 2 3 4 5 6 7 8 9 _____ W L _____ 2. 1 2 3 4 5 6 7 8 9 _____ W L _____ 3. 1 2 3 4 5 6 7 8 9 _____ W L _____ 4. 1 2 3 4 5 6 7 8 9 _____ W L _____ 5. 1 2 3 4 5 6 7 8 9 _____ W L _____ 6. 1 2 3 4 5 6 7 8 9 _____ W L _____ 7. 1 2 3 4 5 6 7 8 9 _____ W L _____ 8. 1 2 3 4 5 6 7 8 9 _____ W L _____ 9. 1 2 3 4 5 6 7 8 9 _____ W L _____ 10. 1 2 3 4 5 6 7 8 9 _____ W L _____ 11. 1 2 3 4 5 6 7 8 9 _____ W L _____ 12. 1 2 3 4 5 6 7 8 9 _____ W L										PAID STAMP WEIGHT STAMP <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px auto;"></div>	
GRANDCHAMPIONSHIP SCORES _____ 1. 1 2 3 4 5 6 7 8 9 _____ W L _____ 2. 1 2 3 4 5 6 7 8 9 _____ W L _____ 3. 1 2 3 4 5 6 7 8 9 _____ W L										SEQUENCE NO. DQ = Disqualification NS = No Show PLACE TAKEN PLACE (Grand)	

Reorder No. 1135 - Sport Karate International (716) 763-1111

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① POINT CONTINUOUS TEAM SPARRING										Division Number <div style="border: 1px solid black; height: 40px;"></div>	
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Highest NBL Nat. Rank _____ Conference _____ 2nd highest _____ Con. _____ 3rd _____ Highest NBL Reg. Rank _____ Conference _____ 2nd highest _____ Con. _____ 3rd _____ Not NBL rated in this division (wild card) (✓) _____ AMATEURS: SKIL Int. Ranking _____ Nat. Ranking _____ State Ranking _____ Total points in this div. _____ State Games pts. _____ Not SKIL ranked (✓) _____											
OPPONENT'S ROUND INITIALS _____ 1. 1 2 3 4 5 6 7 8 9 _____ W L _____ 2. 1 2 3 4 5 6 7 8 9 _____ W L _____ 3. 1 2 3 4 5 6 7 8 9 _____ W L _____ 4. 1 2 3 4 5 6 7 8 9 _____ W L _____ 5. 1 2 3 4 5 6 7 8 9 _____ W L _____ 6. 1 2 3 4 5 6 7 8 9 _____ W L _____ 7. 1 2 3 4 5 6 7 8 9 _____ W L _____ 8. 1 2 3 4 5 6 7 8 9 _____ W L _____ 9. 1 2 3 4 5 6 7 8 9 _____ W L _____ 10. 1 2 3 4 5 6 7 8 9 _____ W L _____ 11. 1 2 3 4 5 6 7 8 9 _____ W L _____ 12. 1 2 3 4 5 6 7 8 9 _____ W L										PAID STAMP WEIGHT STAMP <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px auto;"></div>	
GRANDCHAMPIONSHIP SCORES _____ 1. 1 2 3 4 5 6 7 8 9 _____ W L _____ 2. 1 2 3 4 5 6 7 8 9 _____ W L _____ 3. 1 2 3 4 5 6 7 8 9 _____ W L										SEQUENCE NO. DQ = Disqualification NS = No Show PLACE TAKEN PLACE (Grand)	

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Players - Fill out 1 to 5 and backside (and 6 for Super Grands only) CHECK (V) only one & fill in Div. No. (fill out a separate card for each division you compete in)													
1 POINT CONTINUOUS													
TEAM SPARRING													
2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
First Name Last Name (keep name consistent - no nicknames)										State			
3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										Rank			
Age as of Jan. 1 this year Nov Int Adv BB M F Country from													
Weight <input type="text"/> <input type="text"/> <input type="text"/>													
4 Instructor _____ School _____													
5 Team Coach _____ Team Name _____													
6 FILL OUT FOR SUPER GRANDS ONLY													
(fill in your final NBL rankings for this division only)													
Highest NBL Nat. Rank _____ Conference _____ 2nd highest _____ 3rd _____ Highest NBL Reg. Rank _____ Conference _____ 2nd highest _____ 3rd _____													
Not NBL rated in this division (wild card) (V) _____													
AMATEURS:													
SKIL Int. Ranking _____ Nat. Ranking _____ State Ranking _____													
Total points in this div. _____ State Games pts. _____ Not SKIL ranked (V) _____													
SCOREKEEPING													
Opponent's initials Points Total Circle wins or loss										PAID STAMP			
1. 1 2 3 4 5 6 7 8 9 _____ W L 2. 1 2 3 4 5 6 7 8 9 _____ W L 3. 1 2 3 4 5 6 7 8 9 _____ W L 4. 1 2 3 4 5 6 7 8 9 _____ W L 5. 1 2 3 4 5 6 7 8 9 _____ W L 6. 1 2 3 4 5 6 7 8 9 _____ W L 7. 1 2 3 4 5 6 7 8 9 _____ W L 8. 1 2 3 4 5 6 7 8 9 _____ W L 9. 1 2 3 4 5 6 7 8 9 _____ W L 10. 1 2 3 4 5 6 7 8 9 _____ W L 11. 1 2 3 4 5 6 7 8 9 _____ W L 12. 1 2 3 4 5 6 7 8 9 _____ W L												WEIGHT STAMP	
Pg = Disqualification NS = No Show												SEQUENCE NO.	
GRANDCHAMPIONSHIP SCORES												PLACE TAKEN	
1. 1 2 3 4 5 6 7 8 9 _____ W L 2. 1 2 3 4 5 6 7 8 9 _____ W L 3. 1 2 3 4 5 6 7 8 9 _____ W L												PLACE (Grand)	
Reorder No. 1135 - Sport Karate International (716) 763-1111													

cut out card carefully

1. All your cards, print your name in the boxes at top and read and sign at bottom.
2. Fill in all other boxes **or**
3. Fill in just the boxes of only one card. That card must be the one with your lowest division number. All other cards, write that same lowest division number over the top of all the boxes below so we know which card we can find your info on.

First Name										Last Name (Keep name consistent - no nicknames)									
Address																			
City																			
State/Prov				Zip/Postal Code				Country				Rank - Nov.		Int.		Adv.		BB	
Birthdate - Month				Day		Year		Area Code				Home Phone							
Area Code				Work Phone				School Phone											
E-mail Address (Print neatly)										Age (January 1)									
Name of School you train at																			
School Instructor's First Name										Instructor Last Name									
School Address																			
City				State/Prov				Zip Code											

WAIVER AND RELEASE OF CLAIMS

I, (print name) hereby waive any and all rights or claims I may have against the National Blackbelt League (NBL), the Super Grands World Games, the Amateur Internationals, Sport Karate International (SKIL), Sport Karate International Tournament Alliance (SKITA), SMASH Publications, Bonsai Budo Karate, Boice Lydell, all NBL tournament promoters, all NBL sanctioned tournaments and all their agents, servants & employees, & I hereby release & discharge them from any & all claims resulting from injuries, including death, damages or loss, which may accrue to me or my heirs arising out of or in any way connected with my attendance &/or participation at any NBL or SKIL sanctioned event. I represent & warrant that I am physically & mentally fit, able to participate, & I do hereby assume responsibility for my own well-being, understanding that participation involves bodily contact. I have read, understand & agree to abide by the Sport Karate International Tournament Alliance (SKITA) rules associated with NBL/SKIL events & assume all responsibility & any liability for infringement of such rules & agree to accept the tournament arbitrator's decision as final. I consent to allow any reproductions of me or likeness created in any manner whatsoever, photographed, filmed or video taped in connection with NBL/SKIL events which can be used for instruction, publicity, promotion or television broadcast & I waive any & all compensation in regards thereto. I agree that I have obtained permission from the artist(s) of any music I use in conjunction with my competition & verify by signing this permission that in doing such, I will indemnify, defend & hold harmless all the above named parties from any liability for use of such music & that this artist's permission permits the above named parties to use such music in recorded performances of myself for instructional purposes, publicity, promotion, video &/or televised broadcast & I waive any & all compensation for such.

Competitor Signature

Signature of parent/guardian who assumes complete responsibility (if under 18)

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Address																			
City																			
State/Prov				Zip/Postal Code				Country				Rank - Nov.		Int.		Adv.		BB	
Birthdate - Month				Day		Year		Area Code				Home Phone							
Area Code				Work Phone				School Phone											
E-mail Address (Print neatly)										Age (January 1)									
Name of School you train at																			
School Instructor's First Name										Instructor Last Name									
School Address																			
City				State/Prov				Zip Code											

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Birthdate - Month				Day		Year		Area Code				Home Phone							
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E-mail Address (Print neatly)										Age (January 1)									
Name of School you train at																			
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IMPORTANT - SAVE TIME

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