

The Academy of Self-Defense



Martial Arts Open



Saturday June 4th, 2022

Tallmadge High School

140 N. Munroe Rd. Tallmadge, OH 44278

Trophies for 1st, 2nd, and 3rd place winners, Medals for 4th place

Double PKC National Points!!!!

Absolutely No Refunds

For Ohio PKC Region 3 Rules: Visit <http://americankarateboardman.com/pkc3-tournaments/>

Summer Super Brawl VI

Tournament Schedule

8:00 AM Doors/Registration Open

9:15 AM Score/Timekeeper Meeting

9:25 AM Black Belt Meeting

(All Judges/Center Referees)

9:50 AM Line Up, Announcements & Bow In

10:00 AM Tournament Eliminations Begin

Black Belts That Aren't Working or Competing Are Spectators

Please Be In Uniform to Judge !!!!!!!!!!!

Ratings:

PKC National

PKC Ohio Series

Earn State and

Double National Points



Early Bird Registration

Receive a Free Event T-Shirt

(Will Receive t-shirt coupon at Check In)

\$55 Reg. fee for 1 to 5 PKC events

Online Registration is Preferred

Download our App. Now; Code #: 1220

Or Log into our website & Click on Tournament

Must Be postmarked or
Registered online by:

May 7th

to receive a Free T-Shirt,
No exceptions!!

Pre-Registration - No T-shirt!!!!

Pre-Registration \$55 Must be postmarked by: **May 30th** or registered online
(After May 30th must Register at door)

Pre-Registration Fees for all above dates:

\$55 for one or all PKC Events

Registration @ the door: Cash Only!!

\$60 for one event, \$5 each Additional Event

Spectators Entrance Fee Cash Only!!

Adults- 13+ \$10

Children- 12- \$7

Mail all Registration Apps. & Fees payable to:

The Academy of Self-Defense

1220 E. Tallmadge Ave. Akron, Ohio 44310

Check or Money Order

Any questions can be directed to
our email address or 330-814-5058

tallmadgeselfdefense@gmail.com

Promoter: Frank Charlillo

Online Registration: Download our App:

"The Academy of Self-Defense"

Access code: 1220

(Preferred Way To Register) Or

Register from our website: TheAcademyofSelf-Defense.com Click on Tournament

Registration Form:

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Summer Super Brawl VI

Shirt Size for Early Bird Registration Only! _____

All Spectators must Pay Cash at Door

PKC # _____
Total Amount Enclosed
\$ _____

\$10 Adults \$7 kids

Name: _____ Age: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Competitor Phone #: _____ Email: _____

Name of School: _____

Instructor's Name: _____ Phone #: _____

Male__ Female__ Kata__ Sparring__ Weapons__ Self-Defense__ Chanbara__

Belt Rank: _____ **Division:** Novice <1yr , Intermed. 1-3yrs , Advanced 3yrs^

I agree to assume full responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while attending or participating. I hereby waive all claims against the promoters, operators, sponsors, advertisers, tournament agents or the Professional Karate Commission. I hereby waive any compensation whatsoever, for the use of photos, movies, media coverage, etc. utilized by those associated with this event at any time. By signing, I acknowledge that I have read and understand the current version of PKC Region 3 rules; as well as the use of what safety equipment is required for every aspect of competition at this event. **I will abide by all Covid guidelines and take full responsibility for my actions and risks. I fully understand that any medical treatment given to me will be a First-Aid treatment only.**

Competitor's Signature

Date

Signature of Parent/Guardian (If under 18)

Date

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