

cut out card carefully

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 FORMS SELF DEFENSE WEAPONS BREAKING**

Division Number

2

First Name Last Name (Keep name consistent - no nicknames) State

3

Rank

Age as of Jan. 1 this year Nov Int Adv BB M F Country from

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 Con. 3rd

Highest NBL Reg. Rank Conference 2nd highest Con. 3rd

Not NBL ranked in this division (wild card) (✓) \_\_\_\_\_

AMATEURS: SKIL Int. Ranking Nat. Ranking State Ranking

Total points you have in this division State Games pts Not SKIL ranked (✓) \_\_\_\_\_

**SCOREKEEPING**

	Round 1	Mus 0-2	Tie Run-off	Mus vote	Tie
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<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"/>

Mus Score: 7-10 = No deduction  
4-6 = 0.05 Point Deduct  
1-3 = Disqualification

PAID STAMP  
SG ONLY

SEQUENCE NO.  
DG = Disqualification  
NS = No Show

W L  
Overtime = Deduct 0.05 for each 10 seconds or portion thereof  
Time \_\_\_\_\_

PLACE TAKEN

**GRANDCHAMPIONSHIP**

	1.	2.	3.	4.	5.
	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Music Scores: \_\_\_\_\_

Music Total: \_\_\_\_\_

Time \_\_\_\_\_

SEQ. # (Grand) \_\_\_\_\_

PLACE (Grand) \_\_\_\_\_

Reorder No. 1130 - Sport Karate International (716) 763-1111

Players - Fill out 1 to 5 and backside (and 6 for Super Grands only)  
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**1 FORMS SELF DEFENSE WEAPONS BREAKING**

Division Number

2

First Name Last Name (Keep name consistent - no nicknames) State

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Rank

Age as of Jan. 1 this year Nov Int Adv BB M F Country from

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5 Team Coach Team Name

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AMATEURS: SKIL Int. Ranking Nat. Ranking State Ranking

Total points you have in this division State Games pts Not SKIL ranked (✓) \_\_\_\_\_

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	Round 1	Mus 0-2	Tie Run-off	Mus vote	Tie
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3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<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"/>

Music Scores: \_\_\_\_\_

Music Total: \_\_\_\_\_

Time \_\_\_\_\_

SEQ. # (Grand) \_\_\_\_\_

PLACE (Grand) \_\_\_\_\_

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5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PLACE TAKEN

**GRANDCHAMPIONSHIP**

	1.	2.	3.	4.	5.
	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Music Scores: \_\_\_\_\_

Music Total: \_\_\_\_\_

Time \_\_\_\_\_

SEQ. # (Grand) \_\_\_\_\_

PLACE (Grand) \_\_\_\_\_

Reorder No. 1130 - Sport Karate International (716) 763-1111

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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)

©copyright 2018 - Sport Karate International

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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											

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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																			
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School Address																			
City				State/Prov				Zip Code											

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## IMPORTANT - SAVE TIME

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**1 POINT CONTINUOUS TEAM SPARRING** Division Number \_\_\_\_\_

2 \_\_\_\_\_  
First Name Last Name (Keep name consistent - no nicknames) State \_\_\_\_\_

3 \_\_\_\_\_  
Rank \_\_\_\_\_  
Age as of Jan. 1 this year Nov Int Adv BB M \_\_\_ F \_\_\_ Country from \_\_\_\_\_  
Weight \_\_\_\_\_

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 \_\_\_\_\_ 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 Initials	Round	SCOREKEEPING Points								Total	Circle win or loss	PAID STAMP	
		1	2	3	4	5	6	7	8				9
_____	1.	1	2	3	4	5	6	7	8	9	_____	W L	WEIGHT STAMP SG ONLY •
_____	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	
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

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**1 POINT CONTINUOUS TEAM SPARRING** Division Number \_\_\_\_\_

2 \_\_\_\_\_  
First Name Last Name (Keep name consistent - no nicknames) State \_\_\_\_\_

3 \_\_\_\_\_  
Rank \_\_\_\_\_  
Age as of Jan. 1 this year Nov Int Adv BB M \_\_\_ F \_\_\_ Country from \_\_\_\_\_  
Weight \_\_\_\_\_

4 Instructor \_\_\_\_\_ School \_\_\_\_\_  
5 Team Coach \_\_\_\_\_ Team Name \_\_\_\_\_

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Not NBL rated in this division (wild card) (✓) \_\_\_\_\_

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_____	1.	1	2	3	4	5	6	7	8	9	_____	W L	WEIGHT STAMP SG ONLY •
_____	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	
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)

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_____	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	
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)

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cut out card carefully

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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											

### 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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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											

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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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Competitor Signature \_\_\_\_\_

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

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## IMPORTANT - SAVE TIME

1. All your cards, print your name at the top in boxes and read and sign at bottom.
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