

# THE BIG SHOW APPLICATION

November 15, 2025

NAME: \_\_\_\_\_ Male / Female

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

MARTIAL ARTS SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

INSTRUCTOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

## RANK:

(CHECK ONE)

1<sup>ST</sup> TIME COMPETITOR

BEGINNER

BLACK BELT

INTERMEDIATE

ADVANCED

## EVENTS:

(CHECK ALL THAT APPLY)

KATA

SPARRING

CREATIVE

(WITH OR WITHOUT WEAPONS)

(WITH OR WITHOUT MUSIC)

I, the competitor, parent, or legal guardian of the competitor listed above, assume full responsibility of participating in The Big Show Karate Tournament. I hereby release Patrick Stelly, Patrick's School of Martial Arts, Saint Martin Parish School Board and its employees, Cecilia High School, and anyone affiliated with Saint Martin Parish School Board, and all other competitors from any liabilities, which I may receive while participating in The Big Show Karate Tournament.

COMPETITOR'S NAME \_\_\_\_\_ DATE: \_\_\_\_\_

(Print)

COMPETITOR'S SIGNATURE: \_\_\_\_\_

PARENT OR GUARDIAN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

(Print)

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

Mail Application and Fees to:

Patrick Stelly

PO Box 185

Breaux Bridge LA 70517

[Psma5@yahoo.com](mailto:Psma5@yahoo.com)

337-789-7321

