

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)

1ST 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

337-789-7321

