

2026 GRAND CHAMPIONS INT'L KARATE CUP & AAU/USA NATIONAL QUALIFIER



**@ LAGUARDIA COLLEGE (GYM)
31-10 THOMSON AVE. LONG ISLAND CITY, NY 11101**



MAY 17TH, 2026* STARTS AT 10:00 AM.

(KATA)TEAM NAME: _____ CLUB: _____

*TEAM REGISTRATION FORM

NAME	Age	M/F	BELT	COMPETITOR'S SIGNATURE	PARENT/GUARDIAN'S SIGNATURE
1.					
2.					
3.					

****Team can be Boys, Girls or Mixed (Beginners – Novice) or (Intermediate – Advanced)**

Team Fee: \$75

Last day to register 05/09/2026

**Please note that any applications received after the due date will be charged a late fee of \$20
(Cash/Money orders/Certified checks)**

**Please make all Checks or Money Orders, payable to: Grand Champions Int'l Karate
Mail it to: Mostafa Elrakabawy, 163 Lowell Ave. Islip Terrace NY 11752**

Adult & Minor Waiver and Release of Liability:

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the Grand Champions Int'l Karate Cup & AAU Super regional national qualifier Tournament at LaGuardia College (gym) located @ 31-10 THOMSON AVE. LONG ISLAND CITY, NY 11101 on Sunday 05/17/2026. I also do hereby assume full responsibility for all injuries, damages or losses that I may sustain or incur, if any, while attending/participating. I do hereby release, waive, and discharge all claims against the Amateur Athletic Union of the United States (AAU), Fiorello H. LaGuardia Community College Auxiliary Enterprises, Grand Champions Int'l Karate Corp., all instructors, judges, employees, workers, successors, affiliates, and members individually or otherwise for any and all claims or injuries I may sustain. I certify that I am in good health and without injuries or physical disabilities. I fully understand that any medical treatment given to me will be first aid type only. I consent that any pictures or videos furnished by me or any pictures or videos taken of me in connection with the AAU and the GCI Karate Cup Tournament may be used for publicity, promotion, social media or television showing and waive compensation in regards thereto. I, the undersigned, confirm and acknowledge that I have read and understand this and enter upon the premises of The Fiorello H. LaGuardia Community College Auxiliary Enterprises, with full knowledge of the contents thereof.

Competitor's Signature: _____

Parent/Guardian's Signature: _____

Parent/Guardian, please state your relationship to the student: _____ Date: _____