

“Battle of the Champions”

Single Competitor Registration Form

Current Age _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Rank <input type="checkbox"/> Beginning (White/Yellow) <input type="checkbox"/> Intermediate (Colored) <input type="checkbox"/> Advanced (Red/Brown) <input type="checkbox"/> Black Belt	Forms <input type="checkbox"/> Traditional Taught by School <input type="checkbox"/> Open Created by Competitor <input type="checkbox"/> Weapon Ages 6 & Older <input type="checkbox"/> Senior (35 & Older)	Fighting <input type="checkbox"/> Sparring <input type="checkbox"/> Senior Sparring
Instructor _____				

A division must have a minimum of 3 competitors. Divisions with less than 3 competitors will be combined as to the rules.

Pre-Registration Received or Postmarked on or before October 9, 2010	Registration Registrations Received AFTER October 9, 2010
1st Division: \$45.00 \$ 45.00	1st Division: \$45.00 \$ 45.00
Each Additional Divisions: \$5.00 X _____ = \$ _____	Each Additional Division: \$10.00 X _____ = \$ _____
TOTAL AMOUNT DUE: \$ _____	TOTAL AMOUNT DUE: \$ _____

Competitor Information

Name: _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____
E-Mail Address: _____ Date of Birth: ____/____/____ Age: ____
Rank: _____ School: _____

LIABILITY AND PHOTO RELEASE

In consideration of your acceptance of my entry, I do hereby, for myself, my heirs, executors and administrators, waive, release, and to indemnify and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against Dave's Taekwon-Do, llc, Blanchet Catholic School, Blanchet Partners, promoters David M. Wolf & Josie-Lynn Wolf, operators, representative, successors and/or assigns, sponsors individually or otherwise, for any and all damages which may be sustained or suffered by me in connection with my association with or entry in this tournament, or which may arise from my traveling to, participating in, or returning from this athletic meet. I also give notice that I am in good physical condition and have no medical or physical condition which would detrimentally effect or limit my full participation in this martial arts tournament.

I consent that any pictures furnished by me or any pictures taken, video or other, of in connection with this even can be used for publicity, promotion and or television showing, and i waive compensation in regard thereto.

Signature: _____ **NO REFUNDS** Date: _____
Competitor / Parent or Legal Guardian if competitor is under the age of 18

Make Checks Payable to : Dave's TKD