

# “Battle of the Champions”

## Family Member Registration Form

Cost is per Family Member / Immediate Family Members only. Family Members **MUST** be living in the same household and under the age of 18.

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

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

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