

“Battle of the Champions”

Family Member Registration Form

Gender	Rank	Forms		Fighting
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Beginning (Under 1 Year Training) <input type="checkbox"/> Intermediate (1-3 Years Training) <input type="checkbox"/> Advanced (Over 3 Years Training) <input type="checkbox"/> Black Belt (Must Be a Black Belt)	Traditional Taught by School <input type="checkbox"/> Empty Hand <input type="checkbox"/> Senior Men <input type="checkbox"/> Senior Women (35 & Older) <input type="checkbox"/> Weapons <input type="checkbox"/> Senior (35 & Older)	Open Created by Competitor <input type="checkbox"/> Empty Hand <input type="checkbox"/> Weapons	<input type="checkbox"/> Fighting 35 & Older <input type="checkbox"/> Senior Men <input type="checkbox"/> Senior Women <input type="checkbox"/> Executive Men (40 & Older)

Current Age: _____ Instructor: _____
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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 Received or Postmarked on or before April 14, 2012	Family Registration Registrations Received AFTER April 14, 2012
1st Division: \$40.00 \$ 40.00 Each Additional Divisions: \$5.00 X _____ = \$ _____ TOTAL AMOUNT DUE: \$ _____	1st Division: \$45.00 \$ 45.00 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