

Battle of the Champions

3 Man Team Fighting

One Registration Form is Required for each Team Member

Team Name: _____

Team Captain: _____

School Team is Representing: _____

<input type="checkbox"/> Ages 9 - 10 - 11 All Ranks	<input type="checkbox"/> Ages 12 - 13 - 14 All Ranks	<input type="checkbox"/> Ages 15 - 16 - 17 All Ranks
<input type="checkbox"/> Ages 18 & Older All Ranks	<input type="checkbox"/> Ages 18 & Older Black Only	

Team Member 1. _____

Team Member 2. _____

Team Member 3. _____

Team Fighting Registration Fee \$45.00

(\$15.00 per Team Member)

**Make Checks Payable to:
Dave's TKD**

Competitor Information

Name: _____ **Phone:** () _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

E-Mail Address: _____ **Date Of Birth:** _____ **Age:** _____

Rank: _____ **Instructor:** _____ **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, representatives, 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 me in connection with this event can be used for publicity, promotion and or television showing, and I waive compensation in regard thereto.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER

Signature: _____ **NO REFUNDS** **Date:** _____

Legal Guardians Signature: _____ **NO REFUNDS** **Date:** _____