

“Battle of the Champions”

Registration Form

Gender	Rank	Division Selection Options		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Beginning (Under 6 Months)	<input type="checkbox"/> Trad Empty Hand	<input type="checkbox"/> Traditional Weapons	<input type="checkbox"/> Point Fighting
	<input type="checkbox"/> Intermediate (6 Months to 3 Yrs)	Taught by School Minors: 3 -17 Adults: 18-29, 30-39, 40 +	Taught by School Ages: 6 & Older	Minors: Ages: 3 - 17 Adult Women: Ages: 18 - 29 30 - 39 40 +
	<input type="checkbox"/> Advanced (Over 3 Years Training)	<input type="checkbox"/> Open Empty Hand	<input type="checkbox"/> Open Weapons	
	<input type="checkbox"/> Black Belt (Must Be a Black Belt)	Created by Competitor Ages: 3 & Older	Created by Competitor Ages: 6 & Older	Adult Men: Ages: 18 - 29 30 - 39 40 - 49 50 +
Age: _____ Instructor: _____ * Divisions with less than 3 competitors will be combined (see 3 Competitor Rule).				

Before: 4 / 14 / 2018	1st Division: \$ _____
1st Division: \$35.00	2nd Division: \$ _____
2nd Division: + 10.00	Each Additional Division: \$5.00 X _____ = \$ _____
Additional Division: \$5.00	
After: 4 / 14 / 2018	Minor Spectators (Age 6-17): \$3.00 X _____ = \$ _____
1st Division: \$40.00	Adult Spectators (Age 18-64): \$5.00 X _____ = \$ _____
2nd Division: + 10.00	TOTAL AMOUNT DUE: \$ _____
Additional Division: \$5.00	

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 Paable to : Dave's TKD