

# “Battle of the Champions”

## Early Registration School Group Discount

**\$40.00** per Competitor / **UNLIMITED Divisions**

**Minimum of 10** Competitors to Qualify for the School Group Discount

All Registration Forms and Payments **MUST** be Mailed in by the School, **RECEIVED** and/or **POSTMARKED** on or before:  
**September 8, 2018**

Just Complete Individual Registration Forms for Each Competitor and List Registering Competitors on This Form.  
Mail This Form Along With All Registration Forms and Payments to:

Dave’s TaeKwon-Do  
1890 State Street  
Salem, OR 97301

Please Make Checks Payable to:  
**Dave’s TKD**

**10** or more pre-registrations are needed to qualify for the Early Registration School Group Discount  
and must meet the registration deadline requirements.

### School Information

School Name: _____	School Owner: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone: ( ) _____	E-Mail: _____

### Please List Registering Students

- |           |           |           |
|-----------|-----------|-----------|
| 1. _____  | 11. _____ | 21. _____ |
| 2. _____  | 12. _____ | 22. _____ |
| 3. _____  | 13. _____ | 23. _____ |
| 4. _____  | 14. _____ | 24. _____ |
| 5. _____  | 15. _____ | 25. _____ |
| 6. _____  | 16. _____ | 26. _____ |
| 7. _____  | 17. _____ | 27. _____ |
| 8. _____  | 18. _____ | 28. _____ |
| 9. _____  | 19. _____ | 29. _____ |
| 10. _____ | 20. _____ | 30. _____ |

**Do Not Accept at Door**

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# “Battle of the Champions”

## Pre-Registration Only / School Registration

This form **MUST Be Sent In by School / MINIMUM of 10 Students to Qualify**

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: \_\_\_\_\_**

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

### School Discount

Registration Forms **MUST be Mailed in by School and Received ON or BEFORE September 8, 2018**

<b>Minimum of 10 Students To Qualify</b>	Unlimited Divisions: \$40.00	\$40.00	<b>Minimum of 10 Students To Qualify</b>
	Minor Spectators (6-17): \$3.00 X _____ = \$ _____		
	Adult Spectators (18-64): \$5.00 X _____ = \$ _____		
<b>TOTAL AMOUNT DUE: \$ _____</b>			

### 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**