

FLORIDA

VI TAEKWON-DO CHAMPIONSHIP

June 2nd 2018

REGISTRATION

PARTICIPANT INFORMATION

Name: _____ Sex: Male Female
Date of Birth: ___/___/___ Age: _____ Height: ___' ___" Weight: _____ Lbs.
Rank (specify color only): _____ Degree (Black Belts only): _____
Address: _____ City: _____
State: ___ Zip: _____ Phone: _____ Email: _____
Patterns Sparring

**Tournament Fees: \$75.00 Patterns and/or Sparring (Deadline May 15TH)
\$95.00 if paid on the week of the event**

TAEKWON-DO SCHOOL INFORMATION

Taekwon-Do School Name: _____
Address: _____ City: _____
State: ___ Zip: _____ Phone: _____ Email: _____
Instructor's Name: _____ Rank: _____

LIABILITY WAIVER

In consideration of your acceptance of my, and/or my child's participation in these activities, I hereby for myself, and for and on behalf of my child, indemnify, release, forever discharge and agree to hold harmless Mr. Jose Montero, OCALA ITF Taekwon-Do Academy, Blessed Trinity Catholic School and agents thereof, from any liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever, including reasonable attorney's fees, which may be incurred by the undersigned and/or the child participant while participating in these activities. I clearly understand that the martial arts involve bodily contact. I am aware of my and, my child's personal medical condition and hereby certify that my and/or my child's participation is voluntary and that I, and/or my child, am/is mentally and physically fit to participate in said events.

Signature: _____ Date: ___/___/___
Parent or guardian if the competitor is under age 18

Make checks payable to: Ocala ITF Taekwon-Do Academy, PO Box 771292 Ocala, FL 34477

OCALA ITF TAEKWON-DO ACADEMY
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