2018 Park's Martial Arts Tae Kwon Do Championship Sunday, April 29th, 2018

Competitor Registration Form

All competitors must complete and mail to our school by April 7th, 2018

Follow these steps:

| Follow these steps: | | | | | | | |
|--|--|---|--|--|--|--|--|
| Complete this form | Please print or type the required information on this form. Read and sign the Liability Waiver below. If the competitor is under 18 years of age, the signature of a parent or guardian is required. Any missing or incomplete information on this form may result in a delay of your registration on the day of the championship. | | | | | | |
| _ | Please enclose your Registration Fee | | | | | | |
| tion | Checks should be made payable to Park's Martial Arts | | | | | | |
| Enclose egistratio Fee | Pre-Registration | On or after April 7, 2018 | | | | | |
| Enclose Registration Fee | \$55 - one event, \$65 - two events | \$65 - one event, \$75 - two events | | | | | |
| | \$75 - three events, \$85 - four events | \$85 - three events, \$95 - four events | | | | | |
| T - X | Mail to: | | | | | | |
| ail oleted with check | Park's Martial Arts | | | | | | |
| Mail completed form with your chech | 1334 Clarkson Clayton Center | | | | | | |
| fo | Ellisville, MO 63011 | | | | | | |

| Competitor's Name | | | | School/Club's Names | | | | |
|------------------------|------|-------|--------------------------|-----------------------------|--------|-------|------|--|
| Address | | | | Address | | | | |
| City | | State | Zip | City | | State | Zip | |
| Phone Number | | | | Phone Number | | | | |
| Parent/Guardian's Name | | | | Master or Instructor's Name | | | | |
| Belt Color | Rank | Sex | ĸ: M □ F □ | Age | Weight | He | ight | |

| Please check the events you would like to enter: | | | | | | | | |
|--|--|----------------|--|----------|--|-------------|--|--|
| Official Forms | | Board Breaking | | Sparring | | Family Form | | |

Liability Waiver: In consideration of your acceptance of my registration, I do hereby, for myself, my heirs, executors, and administrators wave, release and forever discharge any and all rights and claims for any damages which I may or may accrue to me against the Park's Tae Kwon Do Championship and its organizing committees, Park's Martial Arts Academy, Rockwood School District, and all members in connection with this event. I understand that Tae Kwon Do is a body-contact sport which involves a risk of injury including permanent disability, paralysis and death; therefore, I fully accept and assume all such risks and all responsibility for losses, costs, and damages incurred as a result of the participation in the said event. I further agree that the event director for publicity or promotion at any time may use any pictures and/or videos taken of or by me in connection with the said event, either now or in the future.

In signing below, I certify that I am at least 18 years old. I have read and fully understand the above Liability Waiver for myself and/or my child.

Competitor's Signature:

Date: ___

(Signature of parent or guardian if under 18 years old)

Presented by Park's Martial Arts Academy. 1334 Clarkson Clayton Center, Ellisville, MO 63011 Email: usayoungpark@yahoo.com