



TOURNAMENT REGISTRATION FORM

REGION 110B (New England) Lowell MA- April 10, 2010



ATA # _____ NAME _____
(lack of or incomplete ATA number will result in forfeiture of any and all points) LAST FIRST MIDDLE INITIAL

CITY _____ STATE _____ PHONE NUMBER _____

SCHOOL OWNER'S NAME _____ INSTRUCTOR'S NAME _____

PLEASE CHECK AND HIGHLIGHT ALL THAT APPLY

I am a: Color Belt Black Belt My Current Rank Is: _____ My Competition Rank Is: _____
(for Black Belts & Color Belts - please take into consideration any testing before event)

I am a: Male Female My Birth date Is: ____/____/____ My Competition Age Is: _____
(your age on Dec. 31, 2009)

I want to compete in: EXTREME FORMS (must also compete in Traditional Forms to qualify) COMPETITION FEE: \$25 or \$15

I want to compete in: EXTREME WEAPONS (must also compete in Traditional Weapons to qualify) COMPETITION FEE: \$25 or \$15

\$30.00 DISCOUNT FOR COMPETING IN ALL SEVEN EVENTS \$130

My Instructor's Signature: _____
or Initials (Registration will not be accepted without signature)

***** By signing this I verify all information has been checked and is correct *****

SCHOOL STAMP

OFFICE USE ONLY!

TOTAL PAID:



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TOTAL PAID:

HOLD HARMLESS

I _____, have applied to participate in this ATA Regional Tournament. I understand in this tournament that I am subjecting myself to possible injury as I am engaging in a contact sport. Before signing this application to register, I was given the opportunity to ask any questions that I may have relating to any danger that I could be exposed to, and I have either asked the question or have chosen not to ask.

By enrolling in the Tournament, I understand that it is my responsibility to learn and understand all safety procedures and rules related to involvement in the ATA Taekwondo Program. These procedures and rules apply not only during my training, but also to participation in this tournament.

As part of the agreement in allowing me to participate in this tournament, I agree that the American Taekwondo Association, (including its officers, organizers, and any other student), will not be responsible for my safety nor to any of these parties assume any responsibility as guardian or a fiduciary. This specifically means that no one listed in this paragraph or associated with the American Taekwondo Association will be held liable for any injury, death or any other damages caused to me or my family, decedents, heirs, or anyone assuming any rights on my behalf, and I specifically waive any claim I may have against such persons or individuals.

As further consideration and as a basis for allowing me to compete in this tournament, I agree to assume any and all risk of harm, and I Specifically agree to release the American Taekwondo Association, (including anyone connected to this tournament) as it relates to damage, injury, or harm that I may suffer, even if the event causing the damage, harm or injury was foreseeable or if such damage, harm or injury was created or caused by the negligent act of the parties. I am releasing (this release does not pertain to any intentional act). This agreement to hold harmless shall apply to any claim made by me or my family, including my estate, heirs, or any personal representative in the event of my death for any damages, injury, or harm that should occur by my participation in any training tournament, summer camp, or other program related to this participation in the American Taekwondo Association.

Witness

Signature (Co-Sign if competitor is a minor)

TO BE SIGNED IF ABOVE IS EXECUTED BY PARENT OR LEGAL GUARDIAN

As parent and/or legal guardian of the person named above, we hereby wish to register _____, a minor in this ATA Regional Tournament and after reading the above terms and conditions, do hereby agree to the terms above in behalf of the minor named herein. Since the person named herein is a minor and I have agreed to the terms set forth above. I hereby agree to indemnify and save harmless American Taekwondo Association, (including anyone connected to this tournament) for any harm caused to the minor or should the minor later bring an action against any of the parties. I understand that I agree to pay any costs relating to any claim against the above named persons (including legal fees to defend such action) and to pay any award to the parties. As further consideration for allowing the minor to enroll in the tournament I personally waive (give up) any claim or cause of action that I may personally have as a parent or legal guardian on the event of any harm, injury or damage.

Minor's Name

Signature

Date

HOLD HARMLESS

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By enrolling in the Tournament, I understand that it is my responsibility to learn and understand all safety procedures and rules related to involvement in the ATA Taekwondo Program. These procedures and rules apply not only during my training, but also to participation in this tournament.

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As further consideration and as a basis for allowing me to compete in this tournament, I agree to assume any and all risk of harm, and I Specifically agree to release the American Taekwondo Association, (including anyone connected to this tournament) as it relates to damage, injury, or harm that I may suffer, even if the event causing the damage, harm or injury was foreseeable or if such damage, harm or injury was created or caused by the negligent act of the parties. I am releasing (this release does not pertain to any intentional act). This agreement to hold harmless shall apply to any claim made by me or my family, including my estate, heirs, or any personal representative in the event of my death for any damages, injury, or harm that should occur by my participation in any training tournament, summer camp, or other program related to this participation in the American Taekwondo Association.

Witness

Signature (Co-Sign if competitor is a minor)

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Minor's Name

Signature

Date