

SATURDAY, MAY 14, 2011
Registration Deadline: Monday, May 9, 2011

PLEASE PRINT -----

Name: _____ Date of Birth: _____

Age: _____ Sex: _____ Height: _____ Weight: _____ /kg

Address: _____
STREET CITY PROVINCE POSTAL CODE

Contact Name: _____ Phone: _____

Color Belt – Rank/Color _____

Black Belt – Dan/Poom _____

Event(s): PLEASE CHECK Poomsae [] Pairs Poomsae [] Sparring []

Partner's Name:

Entry Fee	One Event	\$50.00
	Two Events	\$60.00
	Three Events	\$60.00

MONEY ORDER, CASH OR SCHOOL CHEQUE ONLY - NO PERSONAL CHEQUES

School Name: _____ Phone: _____

Address: _____
STREET CITY PROVINCE POSTAL CODE

School Master: _____
PRINT NAME SIGNATURE

LIABILITY WAIVER

I, the undersigned, submit this entry form and entry fee as consideration for my right to participate in the **2011 Woo Kim Island Taekwondo Championships** to be held on **May 14, 2011**. I understand and accept that physical injury and related damages are an inherent and necessary risk of participation in the sport of Taekwondo. I expressly assume all such risks. I accept full responsibility for the cost of medical or other treatment for any injury or damages which I may sustain. I release, hold harmless, and waive all claims against the Parksville Taekwondo Academy, instructors, coaches, employees, leaders, members, volunteers, heirs, next of kin and representatives for any and all injuries or damage I may sustain while attending or participating in the Championships, including any claim for negligent supervision, instruction and/or maintenance of the facilities. I waive any and all claims now and in the future.

IF UNDER 18 YEARS OF AGE, THIS RELEASE AND CONSENT FORM MUST BE SIGNED BY A PARENT OR GUARDIAN

Signature: _____ Date: _____

Signature: _____ Date: _____

