

2018 Tri-State Tae Kwon Do Championships

REGISTRATION FORM

Saturday, April 7th 2018

ELIMINATIONS START AT 10:00 A.M. SHARP!

UNION GROVE ELEMENTARY • 1745 MILLDROM STREET, UNION GROVE, WI 53182

Your Name _____

Phone _____

Address _____

School Name _____

Check One:

Circle One: Male Female

Age 5 - 6 _____ White _____

Age 7 - 9 _____ Yellow _____

Age 10 - 11 _____ Orange _____

Age 12 - 13 _____ Green _____

Age 14 - 17 _____ Purple _____

Age 18 - 32 _____ Blue _____

Age 33 - 39 _____ Brown _____

Age 40 - 50 _____ Red _____

Age over 50 _____ Black _____



2 events: \$70.00

3 events: \$75.00

Lil Dragons event: \$30.00
(Ages 5 and under)

Events to enter: Sparring: () Form: () Board Breaking: ()

Little Dragons: ()

Liability Waiver

In consideration of your acceptance of my registration, I do hereby, for myself, my heirs, executors and administrators waive release and forever discharge any and all rights and claims for damages which I may have, or which may accrue to me, against the Kenosha TAEKWONDO Club, or its directors, and for its state and district associations, AAU TAEKWONDO Association, USTA or the Wisconsin TAEKWONDO Association or any of its affiliates or any and all members or the tournament or their respective officers, agents, representatives, and or assigns, and against any competitors for any and all damages which may be sustained by me in connection with my association with my participation in or entry in the above athletic event and competition, and in connection with any medical services that may be provided in connection with any such injury or illness, I understand that this is full contact sport and can cause injury or death and I take full responsibility for myself, son, daughter, I further understand that I may be dismissed from the premises without compensation or refund if my conduct is not courteous and cooperative for the successful operation of the tournament. I understand that any of my photos taken at this event may be used by the Kenosha TAEKWONDO Club for promotional purposes without compensation to me.

Contestant's Signature _____ Date _____

Parent or Gaurdian signature _____ Date _____

Before you seal your envelope, double check:

1. Fill out the entire form. Leave nothing blank.

2. Send your registration form payable to:

Dennis Nelson
2221 63rd Street
Kenosha, Wisconsin 53143

for more info, call (262) 657-8397 or (262) 748-4744

<input type="checkbox"/> Check	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> DISCOVER	Pmt Amount \$ _____
Card # _____	Expires On _____			
Signature for Credit Card _____				

ANY LATE REGISTRATIONS WILL BE CHARGED A \$15.00 SERVICE FEE AT DOOR - NO EXCEPTIONS.

Your Instructor's Name: _____

School Name: _____ School Phone: _____