



AUSTIN TAEKWONDO FRIENDSHIP GAMES AUGUST 28 2021



competitor registration form
EVENT Address; 2400 Chisholm Trail, Round Rock, TX 78681

9:AM ALL black belts,11 and above for SPARRING.
Color belts ages 5 and under (6-7) Year Olds will be called next

MAIL check or money order payable,

TO: SAVE \$\$\$\$ REGISTER EARLY -----ENTRY FEES

USA Tae Kwon Do Pre-registration STRONGLY RECOMENDED

129 Wayside Dr EARLY BIRD if registering Postmarked before, **AUGUST 7 2021** one or two events **\$90.00** Early Bird

Elgin TX 78621 **REGULAR** Registration before, **AUGUST 14** one or two events \$100.00 _____

Grandmaster A. Garcia I **Late** Registration before, **AUGUST 21** one or two events \$120.00 _____

(512) 470 1915, **agarcia8dan@gmail.com** IF POST MARKED AFTER **AUGUST 21ST** ADD ADDITIONAL \$20.00 _____

Spectators at the door **\$15.00** (children under 4 free) buy them now \$10.00 Quantity _____ Amount; _____

<https://www.ustdtkx.com/home.html>

TOTALS; \$ _____

COMPETITORS NAME: (please print) _____

AGE: ___ DATE OF BIRTH: ___/___/___ First name Last name

HEIGHT: ___ WEIGHT: ___ SEX: ___ BELT/ _____

"age" put down the age STUDENT will be on **february 30 2022.**, have "birth certificate" on hand in case of age dispute.

PHONE: , ___ (___) _____ - _____

E-MAIL; [grid of 20 empty boxes]

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

INSTRUCTOR NAME: _____ **INSTRUCTOR'S RANK;** _____

INSTRUCTOR'S PHONE NUMBER; ___ (___) _____ - _____

E-MAIL; [grid of 20 empty boxes]

TAEKWONDO SCHOOL NAME _____

TAEKWONDO SCHOOL ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

I HEREBY SUBMIT MY APPLICATION FOR REGISTRATION TO THE 2019 AUSTIN TAEKWONDO FRIENDSHIP GAMES INTERNATIONAL TO BE HELD AT 2400 Chisholm Trail, Round Rock, TX 78681 TEXAS USA.

I, THE UNDER SIGNED HEREBY WAIVE ANY AND ALL CLAIMS AGAINST ALL PERSONS CONNECTED WITH THE AUSTIN TAEKWONDO FRIENDSHIP GAMES INTERNATIONAL, ITS SPONSOR ORGANIZATIONS, VOLUNTEERS, STAFF AND OFFICIALS, I, WE ASSUME ANY AND ALL LOSS TO MY SELF, MY CHILD OR OTHERS, I, WE CLEARLY UNDERSTAND THE FIGHTING ASPECTS OF THIS SPORT "TAE KWON DO", AND THAT COMPETITION INVOLVES BODILY CONTACT. I, WE WAIVE ANY AND ALL CLAIMS OF DAMAGE AGAINST USA MARTIAL ARTS, USA TAEKWONDO, ITS PRINCIPALS, AGENTS REPRESENTATIVES, EMPLOYEES, VOLUNTEERS, AND OR **FACILITIES OWNERS AND ADMINISTRATORS INCLUDING THE ROUND ROCK SPORTS CENTER COMPLEX ITS MANAGERS STAFF COORDINATORS, MANAGERS ETCETERA**, OF AND FROM ANY AND ALL CLAIMS RESULTING FROM THIS EVENT, INCLUDING BUT NOT EXCLUDING TRAVELING TO AND FROM, I UNDERSTAND THAT THIS AGREEMENT IS NON REVOCABLE. I, WE ALSO UNDERSTAND THAT ANY PICTURES OR FILM TAKEN OF ME OR BY ME MAY BE USED FOR PUBLICITY WITH OUT COMPENSATION TO ME MY HEREINS, OR REPRESENTATIVES AT THIS OR ANY OTHER TIME, FURTHER MORE I UNDERSTAND THAT BECAUSE OF THE NO REFUND POLICY ANY AND ALL MONEYS PAID ARE NOT REFUNDABLE UNDER ANY CIRCUMSTANCES. "DON'T ASK".

MOREOVER, WITH THIS I AM ASSERTING THAT, I, ME, WE, MY CHILD, AM, IS, **FULLY INSURED** AND HAVE TRAINED SUFFICIENTLY AND IS READY TO ENTER AND PARTICIPATE IN THIS PRESTIGIOUS HIGH LEVEL COMPETITION EVENT. I, WE ALSO KNOW THAT FOR THIS REGISTRATION TO BE "ACCEPTED" IT MUST BE THOROUGHLY FILLED OUT INCLUDING SIGNATURES.

SIGNATURE; _____ DATE _____

GUARDIAN (IF UNDER 18)