

Entry No. \_\_\_\_\_



# 2010 38th Annual U.S. OPEN Metropolitan TAE KWON DO CHAMPIONSHIPS

SATURDAY, May 1st, 2010  
Bettendorf High School  
Bettendorf, IA

### FREE TOURNEY T-SHIRT

- YES! I'm Pre-registering by April 3rd, and reserving a free official 2010 tournament T-shirt.
- CHILDREN: 2 Sizes...
  - Small  Medium
- ADULTS: 5 Sizes...  Small
  - Medium  Large
  - X Large  XX Large

STAMP

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Wgt. \_\_\_\_\_ Rank \_\_\_\_\_

Home Address \_\_\_\_\_ Instructor's Name \_\_\_\_\_

School or Club Name \_\_\_\_\_ Address \_\_\_\_\_

In Case of Emergency: Name of Person to Contact \_\_\_\_\_ Tel. ( ) \_\_\_\_\_

Date \_\_\_\_\_ Signature (read below before you sign) \_\_\_\_\_

Co-Signer ( if under 18 ) \_\_\_\_\_

#### RELEASE OF CLAIMS RE PERSONAL INJURY AND ASSUMPTION OF RISK

I hereby voluntarily submit my application for attendance and participation in the aforementioned 38th ANNUAL U.S. OPEN METROPOLITAN TAE KWON DO CHAMPIONSHIPS. With full knowledge of the risk of injury, I do hereby assume full responsibility for any and all damages, injuries and/or losses that I may sustain or incur while attending or participating in the event and expressly waive and release all claims against the promoters, instructors and/or sponsors of said event, individually or otherwise, and release each of them in respect of any injury I may sustain.

I further understand that any medical treatment given to me at this event will be of emergency first aid treatment only, and I expressly request and consent to such emergency assistance. I consent that any pictures taken of/ or by me in connection with this event can be used for publicity, promotion or television showings, and waive any right to compensation thereof.

NOTE: THIS RELEASE CONSENT AND ASSUMPTION OF RISK HAS IMPORTANT LEGAL CONSEQUENCES. IF UNDER 18, THIS DOCUMENT MUST BE EXECUTED BY PARENT OR LEGAL GUARDIAN.

Signature of Contestant \_\_\_\_\_ Date \_\_\_\_\_ If under 18, Signature of Parent or Guardian \_\_\_\_\_

NOTE: Fill out the stubs on the right for each event you will be participating in. \$50.00 per contestant for one or any two events (form, fighting, or breaking), \$60.00 for all three events, payment to accompany entry form.

STAMP

STAMP

FORM SPARRING BREAKING

## BREAKING

(Please Print) NAME \_\_\_\_\_

SCHOOL OR CLUB \_\_\_\_\_

RANK \_\_\_\_\_ WT \_\_\_\_\_ AGE \_\_\_\_\_

DIVISION \_\_\_\_\_

## SPARRING

(Please Print) NAME \_\_\_\_\_

SCHOOL OR CLUB \_\_\_\_\_

RANK \_\_\_\_\_ WT \_\_\_\_\_ AGE \_\_\_\_\_

DIVISION \_\_\_\_\_

## FORM

(Please Print) NAME \_\_\_\_\_

SCHOOL OR CLUB \_\_\_\_\_

RANK \_\_\_\_\_ WT \_\_\_\_\_ AGE \_\_\_\_\_

DIVISION \_\_\_\_\_

Entry No. \_\_\_\_\_



# 2010 38th Annual U.S. OPEN Metropolitan TAE KWON DO CHAMPIONSHIPS

SATURDAY, May 1st, 2010  
Bettendorf High School  
Bettendorf, IA

### FREE TOURNEY T-SHIRT

- YES! I'm Pre-registering by April 3rd, and reserving a free official 2010 tournament T-shirt.
- CHILDREN: 2 Sizes...
  - Small  Medium
- ADULTS: 5 Sizes...  Small
  - Medium  Large
  - X Large  XX Large

STAMP

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Wgt. \_\_\_\_\_ Rank \_\_\_\_\_

Home Address \_\_\_\_\_ Instructor's Name \_\_\_\_\_

School or Club Name \_\_\_\_\_ Address \_\_\_\_\_

In Case of Emergency: Name of Person to Contact \_\_\_\_\_ Tel. ( ) \_\_\_\_\_

Date \_\_\_\_\_ Signature (read below before you sign) \_\_\_\_\_

Co-Signer ( if under 18 ) \_\_\_\_\_

#### RELEASE OF CLAIMS RE PERSONAL INJURY AND ASSUMPTION OF RISK

I hereby voluntarily submit my application for attendance and participation in the aforementioned 38th ANNUAL U.S. OPEN METROPOLITAN TAE KWON DO CHAMPIONSHIPS. With full knowledge of the risk of injury, I do hereby assume full responsibility for any and all damages, injuries and/or losses that I may sustain or incur while attending or participating in the event and expressly waive and release all claims against the promoters, instructors and/or sponsors of said event, individually or otherwise, and release each of them in respect of any injury I may sustain.

I further understand that any medical treatment given to me at this event will be of emergency first aid treatment only, and I expressly request and consent to such emergency assistance. I consent that any pictures taken of/ or by me in connection with this event can be used for publicity, promotion or television showings, and waive any right to compensation thereof.

NOTE: THIS RELEASE CONSENT AND ASSUMPTION OF RISK HAS IMPORTANT LEGAL CONSEQUENCES. IF UNDER 18, THIS DOCUMENT MUST BE EXECUTED BY PARENT OR LEGAL GUARDIAN.

Signature of Contestant \_\_\_\_\_ Date \_\_\_\_\_ If under 18, Signature of Parent or Guardian \_\_\_\_\_

NOTE: Fill out the stubs on the right for each event you will be participating in. \$50.00 per contestant for one or any two events (form, fighting, or breaking), \$60.00 for all three events, payment to accompany entry form.

STAMP

STAMP

FORM SPARRING BREAKING

## BREAKING

(Please Print) NAME \_\_\_\_\_

SCHOOL OR CLUB \_\_\_\_\_

RANK \_\_\_\_\_ WT \_\_\_\_\_ AGE \_\_\_\_\_

DIVISION \_\_\_\_\_

## SPARRING

(Please Print) NAME \_\_\_\_\_

SCHOOL OR CLUB \_\_\_\_\_

RANK \_\_\_\_\_ WT \_\_\_\_\_ AGE \_\_\_\_\_

DIVISION \_\_\_\_\_

## FORM

(Please Print) NAME \_\_\_\_\_

SCHOOL OR CLUB \_\_\_\_\_

RANK \_\_\_\_\_ WT \_\_\_\_\_ AGE \_\_\_\_\_

DIVISION \_\_\_\_\_