



2nd ATU California Taekwondo Championships

Sat. November 23, 2019 @ 8:30 am

Santa Fe Springs Badminton Club

11323 Shoemaker Ave. Santa Fe Springs, CA 90670

CaliforniaATU@gmail.com



BEST MARTIAL ARTS
MOOTO USA



Competitor Application

First Name _____	Last Name _____
Home Address _____	
City _____	Zip _____
Phone _____	Email _____
Age _____ D.O.B. _____	Male ___ Female ___ Weight _____ Height _____
Tae Kwon Do School _____	
Master's Name _____	

<u>Events</u>	<u>Registration Before</u> <u>11/15/2019</u>	<u>Registration After</u> <u>11/15/2019</u>	<u>Please Make Checks</u> <u>Payable To:</u>
* Kyorooigi () * Poomsae () * Pair Poomsae () * Team Poomsae () * Breaking ()	1 Event \$100 Additional Events \$15	1 Event \$115 Additional Events \$15	CA Tournaments
Total Due \$ _____	Competitor's Belt _____		

Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

I hereby submit this registration and liability waiver form to participate in the ATU California Taekwondo Championship. I certify that the above information is true and correct and hereby, discharge and waive any and all responsibility of SFS Badminton Club, Tournament Committee, Referees, Instructors, and other competitors from liability for any injury, including death, and for damage to or loss of property which may be suffered by myself arising out of, or in any way resulting from or attributable in whole or in part to my traveling to, training for, being coached in, using any sports equipment in, or participating in the ATU California Taekwondo Championships. As a competitor or parent/legal guardian of the competitor, I give consent to any x-ray exam, medical, chiropractic, dental or other treatment(s) deemed necessary for the safety and welfare of the contestant. I understand that this authorization is given prior to any diagnosis, treatments or hospital care being required, but is given to provide the medical/chiropractic/dental staff authority to render care as deemed advisable. In the case of minor, it is understood that efforts shall be made to contact the undersigned prior to rendering treatment but treatment will not be withheld if the undersigned cannot be reached. **I understand that in case of injury, only basic first aid will be made available on site and that I am fully responsible for any and all resulting medical or other expenses.**



Competitor Signature (if 18 years of age or older)

Parent/Legal Guardian Signature

Date