

2012 FORM AND BREAKING TOURNAMENT

AT WASHINGTON COUNTY FAIRPARK PAVILION
3000 HWY PV, WEST BEND, WI 53095
SATURDAY, FEBRUARY 25th, 2012 Start time 10:30 am
COMPETITORS REGISTRATION FORM

MAIL TO: MR. RON VORPAHL: 7475 Country View LN, West Bend, WI 53090

DEADLINE DATE: FEB. 22nd, 2012 (post marked no later than FEB. 18th, 2012) Registrations received after FEB. 22nd will incur a \$20.00 late fee.

**ONLY certified checks payable to: Ron Vorpahl WILL BE ACCEPTED
OUT OF TOWN PERSONAL CHECKS WILL BE RETURNED!**

ATHLETES NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE _____

AGE _____ DATE OF BIRTH _____ BELT RANK _____

GENDER: M () F ()

Martial Arts School Name _____

EVENTS TO ENTER

() \$50.00 FORM () \$50.00 BREAKING ----- () \$60.00 BOTH EVENTS

FOR INFORMATION Call - RON VORPAHL 1-262-483-5955

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 American Taekwondo Center, or its Directors, and for its State and District Associations, United States Olympic Committee, the World Taekwondo Federation, AAU, USAT, Wisconsin Taekwondo Association, and all members of the tournament, or their respective officers, agents, representatives, successors, 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 meet and competition, and in connection with any medical services I may be provided in connection with any such injury or illness. I understand that Taekwondo is a body contact sport, and I further understand all the contents of the 2012 rules and regulations, general information which was published by the sponsors and I agree with them in their entirety. 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 championships. I understand that IF my photos are taken at this event, they may be used by the American Taekwondo Center, the USAT, WTF, AAU or their agents for future promotional purposes without compensation to me.

Contestant's Signature _____ DATE _____

Parent or Guardian's Signature _____ DATE _____

Before you seal envelope, double check, **Certified Check ONLY** for the proper amount of the entry package selected. Please use Certified Mail to insure conformation of receipt.