

**COMPETITORS REGISTRATION FORM
2020 WI AAU STATE - NATIONAL QUALIFIER**

**WEST BEND High School South Gymnasium
1305 East Decorah Rd, West Bend, WI 53095
SATURDAY, MARCH 28, 2020- Start Time 10:00am
CHECK IN 8:30 TO 9:30am
WEIGH-IN FOR BLACK BELTS ONLY 9AM TO 11AM**

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

DEADLINE DATE: March 24, 2020 (post marked no later than March 22nd, 2020
Registrations received after March 24, 2020 will not be accepted and will be sent back.

**ONLY certified checks payable to: Ron Vorpahl
WILL BE ACCEPTED (NO PERSONAL CHECKS)**

ATHLETES NAME _____

ADDRESS _____ **CITY** _____

STATE _____ **ZIP CODE** _____ **PHONE** _____

AGE _____ **DATE OF BIRTH** _____ **BELT RANK** _____

GENDER: M (___) F (___) **WEIGHT** _____ (BE ACCURATE)

AAU NUMBER (A MUST) _____

Martial Arts School Name _____

THERE IS ABSOLUTELY NO REGISTRATION AT THE DOOR

EVENTS TO ENTER

- () \$50.00 FORM () \$50.00 OLYMPIC SPARRING () \$50.00 POINT SPARRING
() \$65.00 TWO EVENTS (Olympic Sparring and Form **OR** Point Sparring and Form)
() \$80.00 THREE EVENTS (Olympic Sparring, Point Sparring and Form)
() \$50.00 TEAM FORMS **(THIS IS A SEPARATE FEE PER TEAM)**

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

Please be sure to write legibly so we can be accurate, and fill in all the spaces, thank you so much for your help FOR INFORMATION CALL – MASTER RON VORPAHL @262-483-5955 waiver must be signed (below)

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, 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 2020 AAU 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, WTF, AAU or their agents for future promotional purposes without compensation to me.

Contestant's

Signature_____

DATE_____

Parent or Guardian's

Signature_____

DATE_____