THE LONG BRANCH MAYOR'S CUP 2009

Please print

Last Name: First Name: MI

Parent's Last Name: Parent's First Name:

Address:

City: State: Zip:

Phone: - - Age: Weight: Height: Ft In Sex(M/F)

Taekwondo School Name: Phone:

Address:

Master/Instructor Name: Master Signature: _____

Belt Rank – Check One

	❑ White	❑ Yellow	❑ Orange	❑ Green	
❑ Blue	❑ Purple	❑ Red	❑ Brown	❑ Red & Black	❑ Black

***We understand that each Taekwondo school has a little bit different system in terms of both color and Poomse(form) subject, thus competitors may expect some flexibility to choose the above Poomse contents/subject. Also, competitors may perform a free style of form.**

Events Entered-Check one or all ❑ Sparring ❑ Breaking

One event $70.00 Two Event $80 Total Paid: $_____

Note: The Registration Fee must be paid in **Cashier's Check, Money Order or School Check** and payable to The Long Branch Mayor's Cup **Taekwondo Championship.**

*****Sorry, No refunds, transfers, and/or credits will be made under any circumstances.*****

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 may accrue to me, against U.S. Taekwondo Center or it's Directors, the United States Taekwondo Union and for it's state and district associations, and all members of the tournament, or their respective officers, agent 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 such injury or illness. I understand that Taekwondo is a body contact sport, and I further understand all contents of the 1997 rules and regulations and general information which was published by the sponsors and I agree with them in their entirety. I further understand that I maybe dismissed from the premises without compensation or refund if my conduct is not courteous and cooperative for the successful operation of the tournament. All medical injuries must be reported to and examined by the Tournament Doctor or certified Nurse on the day of the tournament or medical claims will not be able to be filed.

Student:_____ Date:_____

Parent:_____ Date:_____