



REGISTRATION FORM for COMPETITOR

EVENT * Please check all appropriate box, and type or print clearly.

- WTF FORM FREESTYLE BREAKING
 OPEN FORM SPARRING GYROOGI

Total No. of Events: _____ **Total Amount Due:** _____

NO REFUNDS, TRANSFERS AND/OR CREDITS WILL BE MADE UNDER ANY CIRCUMSTANCES.

Pre- Registration Fees:

One event-\$80, Two-\$90, Three-\$100, All events-\$110

PRE- REGISTRATION DEADLINE

Must be received by March 30, 2016

PARTICIPANT INFORMATION * All competitors must complete this section accurately and completely in order to participation.

YOUR MEDICAL INSURANCE NAME & NUMBER _____

Name _____ Gender: MALE FEMALE

DATE OF BIRTH ___/___/___ AGE ___ HEIGHT ___' ___" WEIGHT ___ LBS

BELT (SPECIFY COLOR ONLY): _____ DAN (BLACK BELTS ONLY) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ E-mail _____

SCHOOL & INSTRUCTION INFORMATION

SCHOOL NAME: _____ TEL: (____) _____

INSTRUCTOR'S NAME: _____ RANK: _____ DAN

SCHOOL ADDRESS (in full): _____ E-mail _____

PAYMENT METHODS

- CASH
- MONEY ORDER/ CASHIER'S CHECK
- SCHOOL CHECK
- CREDIT CARD
- SCHOOL CREDIT CARD

NO PERSONAL CHECKS ACCEPTED. MAKE ALL CASHIER'S CHECK/ SCHOOL CHECK OR MONEY ORDER TO:

MBS Taekwondo Academy

5 Legion Dr., Cresskill, NJ 07626 / T. 201-894-0014 F. 201-894-0045

NO REFUNDS, TRANSFERS, AND OR/ CREDITS WILL BE MADE UNDER ANY CIRCUMSTANCES.

Credit Card Information



Credit Card # _____ Expires _____

Name on the Card _____ Security Code _____

Credit Card Billing address _____ Zip Code _____

Cardholder Signature _____ Amount (\$) _____

LIABILITY WAIVER

I UNDERSTAND THAT TAEKWONDO IS A PHYSICAL CONTACT SPORT WHICH INVOLVES THE RISK OF INJURY. I AGREE THAT I WILL BE RESPONSIBLE FOR ALL CASE OF ACCIDENTS SUCH AS ANY DAMAGE, LOSS AND ANY INJURY ETC. WHICH OCCURRED DURING PHYSICAL EXERCISE AND COMPETITION OF DEMONSTRATION TILL THE FINISH OF THE TOURNAMENT. I AGREE THAT THE ORGANIZING COMMITTEE FOR THE MASTERS CUP TAEKWONDO CHAMPIONSHIP INCLUDING ORGANIZERS, OFFICIALS, STAFF, AND VOLUTEERS AS WELL AS REFEREES, MASTERS, INSTRUCTORS, COACHES, FELLOW COMPETITORS, STAFF EXCEPT COMPETITOR HER/HIMSELF WILL BE INDEMNIFIED FROM ALL ACCIDENTS AS ABOVE AND RELEASE AND FOREVER DISCHARGE FROM ANY CLAIMS FOR DAMAGES. I ALSO AGREE THAT THE MEDICAL TREATMENT PROVIDED BY THE ORGANIZING COMMITTEE, IF NECESSARY WILL BE A FIRST AID TYPE ONLY. IN CONSIDERATION OF THE PRIVILEGE OF PARTICIPATING IN THE COMPETITION IN MASTERS CUP TAEKWONDO CHAMPIONSHIP, FOR MYSELF AND MY HEIRS, CHILDREN, PARENTS, GUARDIANS, EXECUTORS, PERSONAL REPRESENTATIVES, ASSIGNS AND ADMINISTRATORS, I FOREVER RELEASE, ACQUIT, WAIVE DISCHARGE, AND COVENANT NOT TO SUE ANY RELATED TO THE CRESSKILL COMMUNITY CENTER, THE MBS TAEKWONDO ACADEMY, THE UNITED STATES OLYMPIC COMMITTEE, OR ANY OF THE ORGANIZERS, VOLUNTEERS, SPONSORS, AFFILIATED ORGANIZATIONS, COACHES, INSTRUCTORS, MANAGERS, TRAINERS, DOCTORS, ANY OTHER PERSONS, OR ORGANIZATION INVOLVED IN MASTERS CUP TAEKWONDO CHAMPIONSHIP, OR ANY OF THEIR REGENTS, DIRECTORS, OFFICERS, MANAGERS, EMPLOYEES, AGENTS, AFFILIATES, ATTORNEYS, SPOUSES, HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, OR ASSIGNS. IF YOU ARE UNDER 18 YEARS OLD, YOU MUST HAVE A PARENT OR GUARDIAN'S ACKNOWLEDGEMENT AND AGREEMENT HEREWITIN.

Name _____ **Emergency Contact Person**

Signature _____ Date _____

Name _____ Tel _____