

7th Annual Summer Tournament

Summerland Middle School

July 9th 2005

Registration and Release Form.

Participant's Surname: _____ First name: _____

Address: _____

City/Town: _____

Province/State: _____ Postal Code/Zip: _____

Telephone #: _____ Age _____ Belt _____

In case of emergency, contact: _____ Telephone #: _____

Doctor's Name: _____ Telephone #: _____

Medical details (allergies/disabilities): _____

Parent/Guardian Name/ Telephone (if under 19): _____

Participant's School: _____

I, _____, hereby state that I am physically fit to undertake the prescribed tournament. I acknowledge the existence of certain risks of personal injury in participating in this tournament and that I am unequivocally, free and voluntarily assuming these risks and without any liability to Summerland Champion Tae Kwon Do, Instructors, participants, cooperators or assistants. I hereby release and forever discharge all the foregoing parties from all liability arising out of any possible injuries to myself incurred pursuant to said tournament. I hereby authorize the staff at the tournament to act for me according to their best judgment in any situation requiring medical attention. I have no knowledge of any physical or mental impairments which would/could be affected by my participation in this tournament. The organizers have the right to refuse any entry or participation to the tournament or the premises. The organizers have the right to film, photograph, and videotape my participation at this event for promotional purposes

Signature of Participant (Parent/Guardian if participant is under 19) Date (day month 2005)

**WTF Rules apply: Color belt no head contact
Black Belt age 13 and over head contact allowed.**

Registration: 9: am

Entrance Fee: \$35:00. For both events / \$30:00 for one event

Champion Tae Kwon Do
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Summerland BC
V0H-1Z0

Ph: (250) 494-9252
Email: BWuensche@shaw.ca

Events: Poomse

Sparring