

LEE SUKHI

Success Martial Arts

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TOURNAMENT REGISTRATION FORM for May 4th, 2019

PLEASE PRINT IN ALL AREAS EXCEPT SIGNATURES

DATE _____

Name: _____ Age: _____ Sex: _____ (M/F) Belt _____ Wt. **Kg** _____ ***
(please print)

Address: _____ City: _____ Province: _____
(please print)

Dojang: _____ Instructor: _____
(school) (please print) (please print)
Email _____

***** I WILL BE COMPETING IN (please circle) PATTERNS (TUL) SPARRING (MATSOGI)

I _____ submit my registration for this tournament and agree to waive all claims
(please print)

against any person(s) connected with this event, for any injury I may sustain as a result of my participation in this tournament. I agree to abide by the rules and regulations set out (**OR FACE EXPULSION**), and conduct myself in a manner as described by the tenets of Taekwon-Do. I also agree to allow any photos or videos taken of myself during the course of this tournament, to be used at any time for advertising or promotional reasons without compensation. *****Each competitor is required to have his or her own personal and school insurance.**

The competitor, parent or legal guardian on behalf of the student, acknowledges and is fully cognizant of all of the inherent dangers in connection with the execution of Martial Arts and acknowledges that the execution of Martial Arts requires physical exertion and contact. The competitor, parent or legal guardian on behalf of the competitor realizes that there is a risk of physical injury which may be incurred while engaging in any such activity. Competitor, parent or legal guardian on behalf of the competitor, hereby waives any and all claims for any physical injury in connection with participation in this tournament. The competitor assumes the risk of all dangers and or injury inherent to the tournament. Participation in Martial Arts is physically demanding. All participants are strongly advised to consult with a medical doctor prior to engaging in any affiliated Martial Arts activities. All health concerns and or injuries must be reported in writing to the tournament director.

I have read and agree to the above

Competitor's name _____ (Please Print) Competitor signs.....

Parent's Name: _____ (Please print) Parent's signature _____
(if applicant is under 18 years old) (if applicant is under 18 years old)

ITF Rules apply.

Foam dipped plastic or Top Ten style Sparring Equipment, (head, hand, and foot protection) mandatory. Mouth Guards & Groin Protection (worn under the uniform) Mandatory.

Tournament Fee **\$70.00** Cdn Pre-Registration (received by April 15, 2019). **\$90.00** Cdn Rcd By April 23th. **No registration accepted after April 23th. THERE WILL BE NO REFUNDS**

Please make **business** cheques payable to Lee Sukhi Success Martial Arts.

Electronic funds transfer accepted

Personal cheques not acceptable
NO DOOR REGISTRATION OR PAYMENT