

_____Mark when paid



Qualified Check List

1st Degree Rec or better _____
In Top Five List _____
One National event _____
One Regional event _____
1 out of State _____

ATF National Championship Series Finals Tournament Registration

Name (as you would like it to appear on your Jacket)

(Print clearly) _____

Competing Division _____

Age _____ **Birth date** _____ / _____ / _____ **Gender** **M** / **F**

Belt Rank _____ **Instructor** _____

Dojang (school) _____

Jacket Size (uniform) (circle one) 00 0 1 2 3 4 5 6 7 8

Tournament Fee \$20.00

Please Make Checks Payable to "Bret Barras"

Hold Harmless Agreement

I the undersigned do hereby voluntarily submit my application for registration in the ATF National Championship Series Finals. I agree to waiver claim against any person or organizations connected with said competition for any injuries I may sustain. I likewise assume full responsibility for all my actions in connection with said competition. I further agree that any pictures taken of me in any connection with said competition can be used by the American TaeKwonDo Foundation and its related members for publishing or promotion without compensation at this time or any other time.

If competitor is under the age of 18, a parent or guardian must sign the entry form waiver.

X: _____

Signature of Competitor or Parent/Guardian