

REGISTRATION FORM

Name _____ ATF Comp Age _____

DOB ____ / ____ / ____ (age as of Jan 1 of finals year)

Instructor _____

School/Club _____

City _____ State _____

Day of tournament contact phone no: _____

BLACK BELTS: (Date of Rank) _____

<p>BLACK BELTS:</p> <p>_____ Girls 10 & under</p> <p>_____ Girls 11 - 12</p> <p>_____ Girls 13 - 15</p> <p>_____ Boys 10 & under</p> <p>_____ Boys 11 - 12</p> <p>_____ Boys 13 - 15</p> <p>_____ Women 1st-2nd (16-32)</p> <p>_____ Women 3rd-up (16-32)</p> <p>_____ VIP Women (33-45)</p> <p>_____ Executive Women (46-up)</p> <p>_____ Men 1st-2nd (16-32)</p> <p>_____ Men 3rd-up (16-32)</p> <p>_____ VIP Men 1st-2nd (33-45)</p> <p>_____ VIP Men 3rd-up (33-45)</p> <p>_____ Executive Men (46-up)</p>	<p>COLOR BELTS:</p> <p>_____ Jr. Girl</p> <p>_____ Women (16-34)</p> <p>_____ VIP Women (35+)</p> <p>_____ Jr. Boy</p> <p>_____ Men (16-34)</p> <p>_____ VIP Men (35+)</p> <p>BELT COLOR:</p> <p>_____ White</p> <p>_____ Yellow</p> <p>_____ Orange</p> <p>_____ Green</p> <p>_____ Blue</p> <p>_____ Purple</p> <p>_____ Red</p> <p>_____ Brown</p>
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Registration Fee (NO REFUNDS) - Instructor mark when paid _____

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ATF COURTESY POLICY

Any competitor, spectator, parent or judge exhibiting unsportsmanlike conduct or interfering with the positive competitive atmosphere of this ATF event will be asked to leave immediately. Remember the tenets of Taekwondo.

**COURTESY INTEGRITY PERSERVERANCE
SELF-CONTROL INDOMITABLE SPIRIT**

HOLD HARMLESS AGREEMENT

I, the undersigned, do hereby voluntarily submit my application for registration in this ATF sanctioned Taekwondo Tournament. I agree to waiver claim against any person or organization connected with the ATF or tournament for any injuries I may sustain. I likewise assume full responsibility for all my actions in connection with said Taekwondo Tournament. I further agree than any pictures or video footage taken of me in connection with said Taekwondo Tournament can be used by the tournament director for publishing of promotion without compensation at this or any other time.

Participant Signature / Date

Parent or Guardian Signature / Date

PLEASE REMEMBER TO:

Read and sign the waiver.
Completely fill out the Entry Form
Make Hotel Reservations

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