II.	NDIVIDUAL	APPLICATION	
TOURNAMENT DATE SATURDAY: POOMSAE, SPORT POOMSAE & SPARRING SUNDAY: WORLD CLASS SPARRING		PAYABLE TO: YICTKD MAIL TO: YIC TAEKWONDO 21335 COLD SPRING LN. DIAMOND BAR CA 91765 * NO PERSONAL CHECKS. NO REFUNDS.	
COMPETITOR INFORMATION	(PRINT)		
LAST NAME		FIRST NAME	
HOME ADDRESS			
TEL ()	EM	IAIL	
DATE OF BIRTH    WEIGH-IN FOR WORLD CLASS BLACK BE	AGEELTS 10-32 SPARRING (	MALE / FEMALE TRUE WEIGHTLBS ONLY. FALSE INFORMATION WILL RESULT IN DISQUALIFICATION	
BELT COLOR	KUP/DA	AN USAT #	
SCHOOL/CLUB		CITY	
EVENT REGISTRATION			
	POOMSAE (CHOOSE	ONLY ONE)	٦.
REGISTRATION: APRIL 16TH- MAY 9TH		(COMPETES ON MAY 21 <sup>ST</sup> SATURDAY) BLACK BELT. 4 PER DIVISION)	Entered Date:
ONE EVENT: \$95 TWO EVENT: \$120 WORLD CLASS SPARRING: \$115	O COMPETITION SPORT POOMSAE (COMPETES ON MAY 21ST SATURDAY) (BLACK BELT ONLY - COMPULSORY FORMAT - INDIVIDUAL ONLY)		Entere
COMPETITION SPORT POOMSAE: \$115	SPARRING (CHOOSI	,	
LATE REGISTRATION: MAY 9 <sup>TH</sup> - MAY 18 <sup>TH</sup>		GRASSROOTS (COMPETES ON May 21st SATURDAY) BLACK BELT. 4 PER DIVISION)	
ONE EVENT: \$115 TWO EVENT: \$140	`	ASS ( COMPETES ON MAY 22 <sup>ND</sup> SUNDAY)	
WORLD CLASS SPARRING: \$135 COMPETITION SPORT POOMSAE: \$135		TS ONLY - YOUTH (10-11) CADET (12-14) JR (15-17) SR (18-32)	
	PETITORS MAY CHOOSE	AR POOMSAE OR COMPETITION SPORT POOMSAE BUT CANNOT REGULAR SPARRING OR WORLD CLASS. WORLD CLASS IS FOR MPETE IN BOTH JUNIOR AND SENIOR DIVISION	Amount:
LIABILITY WAIVE	R. RELEASE AND	CONSENT TO MEDICAL TREATMENT	4
I HEREBY SUBMIT THIS REGISTRATION AND LIABILITY WINFORMATION IS TRUE AND CORRECT AND HEREBY TOURNAMENT ORGANIZING COMMITTEE, REFEREES, DEATH, AND FOR DAMAGE TO OR LOSS OF PROPERTION WHOLE OR IN PART TO MY TRAVELING TO, TRAINI TAEKWONDO FESTIVAL 2016. AS A COMPETITOI CHIROPRACTIC, DENTAL OR OTHER TREATMENT (SAUTHORIZATION IS GIVEN PRIOR TO ANY MEDICAL/CHIROPRACTIC/DENTAL STAFF AUTHORITY TO BE MADE TO CONTACT THE UNDERSIGNED PRIOR	VAIVER FORM TO PARTICIPA RELEASE, DISCHARGE, ANI COACHES, INSTRUCTORS, Y WHICH MAY BE SUFFERED NG FOR, BEING COACHED II R OR PARENT/LEGAL GUARI S) DEEMED NECESSARY FOI DIAGNOSIS TREASTMENTS O RENDER CARE AS DEEME TO RENDERING TREATMEN DNLY BASIC FIRST AID WILL	TE IN THE INTERNATIONAL TAEKWONDO FESTIVAL 2016 I CERTIFY THAT THE ABOVE OF WAIVE ANY AND ALL RESPONSIBILITY OF THE EXPO CENTER, YIC TAEKWONDO, AGENTS AND OTHER COMPETITORS FROM LIABILITY FOR ANY INJURY INCLUDING OF MYSELF ARISING OUT OF, OR IN ANY WAY RESULTING FROM OR ATTRIBUTABLE N, USING ANY SPORTS EQUIPMENT IN, OR PARTICIPATING IN THE INTERNATIONAL DIAN OF THE COMPETTITOR, I GIVE CONSENT TO ANY X-RAY EXAM, MEDICAL, R THE SAFETY AND WELFARE OF THE CONTESTANT. I UNDERSTAND THAT THIS OR HOSPITAL CARE BEING REQUIRED, BUT IS GIVEN TO PROVIDE THE ED ADVISABLE. IN THE CASE OF MINORS, IT IS UNDERSTOOD THAT EFFORTS SHALL IT, BUT TREATMENT WILL NOT BE WITHHELD IF THE UNDERSIGNED CANNOT BE BE MADE AVAILABLE ON SITE, AND THAT I AM FULLY RESPONSIBLE FOR ANY AND ALL OR OTHER EXPENSES.	;
COMPETITOR SIGNATURE	DATE	PARENT/GUARDIAN SIGNATURE DATE	Date

DATE

PARENT/GUARDIAN SIGNATURE

**DATE** 

**COMPETITOR SIGNATURE**