

Price: \$60
Date: Saturday, March 28th, 2020
Events Start 10 a.m.

Chan Lee's Taekwondo Mini Tournament Registration **Form:**

Liability:

I, the undersigned, hereby submit my application for registration in this Taekwondo Championship. I voluntarily assume all risks in any way connected with my participation in the said championship and hereby waive all claims howsoever caused, including negligence, against any and all persons and any and all organizations and championship directors connected with the above actions and conduct during and in connection with the said championships.

I agree that my performance or attendance at the competition or both may be filmed or otherwise recorded or telecast live, and I consent to the use by the Tournament Officials and/or Directors of the above mentioned Championship, to use my name, likeness, voice, poses, pictures, and/or biographical data concerning me, fully or in any language with or without material throughout the world without limitation, for television, radio, and/or theatrical motion pictures by any device known or hereafter devised and I waive compensation therefore.

Medical:

I hereby certify that I have not suffered a concussion, head injury, loss of consciousness or blow to the head followed by dizziness, memory loss or headaches in any activity in the past 30 days.

By signing this document, you (the legal parent or guardian) are acknowledging and accepting the terms listed above, allowing the participation of your son/daughter in the upcoming Chan Lee Taekwondo Mini Tournament.

Parent Name: _____

Parent Signature: _____

Name of Child: _____

Date (D/M/Y): _____

Registration Information (All boxes required):

Name of Child:	
Age:	
Gender:	
Height (cm):	
Weight (kg):	
Belt Level (Green, Blue Stripe, etc...):	
Address:	
Postal Code:	
Alberta Health Care Number:	

Emergency Contact Information (Required fields marked with *):

Name:*	
Relation to Child (Mother, Father, etc...):*	
Email:	
Phone Number:*	
Emergency Contact #1 Name:*	
Relation to Child:*	
Phone Number:*	
Emergency Contact #2 Name:	
Relation to Child:	
Phone Number:	