



2019 AGUILA'S INVITATIONAL

TAEKWONDO CHAMPIONSHIP



COMPETITOR APPLICATION

LAST NAME FIRST NAME

WEIGHT HEIGHT AGE DATE OF BIRTH GENDER M F MASTER INITIAL

ADDRESS STREET CITY

COUNTRY STATE ZIP CODE PHONE NUMBER:

10TH KUP	9TH KUP	8TH KUP	7TH KUP	6TH KUP	5TH KUP	3RD KUP	2ND KUP	1ST KUP	___ DAN
WHITE BELT	YELLOW BELT	PURPLE BELT	ORANGE BELT	GREEN BELT	BLUE BELT	BROWN BELT	RED BELT	POOM	BLACK

SCHOOL NAME

SCHOOL ADDRESS SUITE #

CITY COUNTRY STATE ZIP CODE

PHONE NUMBER GRANDMASTER / MASTER / INSTRUCTOR FULL NAME

\$ 100.00 FOR ONE OR TWO EVENTS

GYOROOGI POOMSAE

**MAKE MONEY ORDER PAYMENT TO: AGUILA'S TAEKWONDO
6332 MISSION BLVD. RIVERSIDE, CA. 92509
(951)682-3427**

NO REFUND (NO EXPECTATIONS)

I HEREBY SUBMIT THIS REGISTRATION AND LIABILITY WAIVER FORM TO PARTICIPATE IN THE AGUILA'S INVITATIONAL TAEKWONDO CHAMPIONSHIP. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HEREBY RELEASE, DISCHARGE AND WAIVE ANY AND ALL RESPONSIBILITY TO RIVERSIDE CITY COLLEGE AT RIVERSIDE, CITY OF RIVERSIDE, AGUILA'S TAEKWONDO ASSOCIATION, TOURNAMENT COMMITTEE, REFEREES, INSTRUCTORS, AND OTHER COMPETITORS FROM LIABILITY FOR ANY INJURY, INCLUDING DEATH, AND FOR DAMAGE TO OR LOSS OF PROPERTY WHICH MAY BE SUFFERED BY MYSELF ARISING OUT OF, OR IN ANY WAY RESULTING FROM OR ATTRIBUTABLE IN WHOLE PART TO MY TRAVELING TO, TRAINING FOR, BEING COACHED IN, USING ANY SPORT EQUIPMENT IN, OR PARTICIPATING IN THE AGUILA'S INVITATIONAL TAEKWONDO CHAMPIONSHIP. AS A COMPETITOR OR PARENT/LEGAL GUARDIAN OF THE COMPETITOR, I GIVE CONSENT TO ANY X-RAY EXAM, MEDICAL, CHIROPRACTIC, DENTAL OR OTHER TREATMENT(S) DEEMED NECESSARY FOR THE SAFETY AND WELFARE OF THE CONTESTANT. I UNDERSTAND THAT THIS AUTHORIZATION IS GIVEN PRIOR TO ANY DIAGNOSIS, TREATMENTS, OR HOSPITAL CARE BEING REQUIRED, BUT IS GIVEN TO PROVIDE THE MEDICAL, CHIROPRACTIC/DENTAL STAFF AUTHORITY TO RENDER CARE DEEMED ADVISABLE. IN THE CASE OF MINORS, IT IS UNDERSTOOD THAT EFFORTS SHALL BE MADE TO CONTACT THE UNDERSIGNED PRIOR TO RENDERING TREATMENT, BUT TREATMENT WILL NOT BE WITHHELD IF THE UNDERSIGNED CANNOT BE REACHED. *I UNDERSTAND IN CASE OF INJURY, ONLY BASIC FIRST AID WILL BE MADE AVAILABLE ON SITE, AND THAT I AM FULLY RESPONSIBLE FOR ANY AND ALL RESULTING MEDICAL OR OTHER EXPENSES.* AGUILA'S TAEKWONDO ASSOCIATION AND THE AGUILA'S INVITATIONAL TAEKWONDO CHAMPIONSHIP COMMITTEE RESERVES THE RIGHT TO TAKE AND USE PHOTOGRAPHS OF PARTICIPANTS FOR PROMOTIONAL PURPOSES.

PARENT / LEGAL GUARDIAN SIGNATURE DATE
(IF PARTICIPANT UNDER 18YRS. OLD)

COMPETITOR SIGNATURE DATE

FOR MORE INFORMATION
VISIT WEBSITE: www.aguilastkd.com