



2019 AGUILA'S INVITATIONAL

TAEKWONDO CHAMPIONSHIP



TOURNAMENT FLOOR ACCESS APPLICATION

LAST NAME

FIRST NAME

AGE

DATE OF BIRTH

GENDER

 M F

ADDRESS STREET

CITY

COUNTRY

STATE

ZIP CODE

PHONE NUMBER:

SCHOOL NAME

SCHOOL ADDRESS

SUITE #

CITY

COUNTRY

STATE

ZIP CODE

PHONE NUMBER

GRANDMASTER / MASTER / INSTRUCTOR FULL NAME

GRANDMASTER

MASTER

INSTRUCTOR

COACH

V.I.P.

REFEREE

VOLUNTEER

COACHES MUST READ AND UNDERSTAND THE RULES GOVERNING THE TOURNAMENT. IF THE COACH FAILS TO COMPLY WITH THE RULES HE OR SHE WILL HAVE THEIR COACH PASS REVOKED WITHOUT A REFUND(NO EXCEPTIONS)

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.

APPLICANT NAME PRINT

DATE

APPLICANT SIGNATURE

DATE

FOR MORE INFORMATION
VISIT WEBSITE: www.aguilastkd.com