

2010 Tournament of Champions

ATHLETE PRE-REGISTRATION FORM

Mail to: WTA, 6493 Sycamore Ct., Maple Grove, MN 55369 Please Print Legibly. Complete one form per competitor.

Competitor's Name _____ Gender _____ Weight _____

Address _____ Phone _____

City _____ State _____ Zip _____ T-Shirt Size _____

Email _____

Age (on the day of event) _____ DOB _____ Rank _____

School Name _____ Instructor's Name _____

School Address _____

School Website _____ Email _____

Forms _____ Xtreme Forms _____ Sparring _____ Weapons _____

Divisions competing in: _____, _____

Host Hotel: Ramada Plaza Minneapolis

To Make Reservations: Call 612-331-1900 or 1-800-2-RAMADA(1-800-272-6232)

Register under the Group Name "TAEKWONDO" and receive the special rate of \$80 per night

Save \$30 with this offer by reserving on or before August 21, 2010.

Liability Waiver & Conduct Agreement

In consideration of your acceptance of my entry, I do hereby WAIVE and RELEASE, for myself, my heirs executors and administrators, any claim I make against, the Tournament of Champions, World Taekwondo Academy, ACTS, Concordia College, the City of St Paul, the sponsors, directors, volunteers and competitors for any and all damages which may be sustained by me in connection with my association with or entry in the above athletic meet, or which may arise out of traveling to, participating in and returning from this athletic meet. I understand that Taekwondo is a body contact sport which involves a risk of injury. I understand all the contents of the rules and general information published by the sponsors and I agree with them in their entirety. I fully understand that any medical treatment I receive will be of the "first aid" type only. In addition, I consent that any pictures taken of me in connection with this event can be used for publicity, etc. and I waive compensation in regard hereto. I agree to cooperate with all Tournament of Champions staff, officials and security personnel at all times. I agree to leave the competition floor at the conclusion of my contestant's match(es). I agree to the Liability Waiver & Conduct Agreement by signing below.

2010 Tournament of Champions Starts at 9:00am!

One or Two Events.....\$69.00

.....One or Two Events if postmarked by Sep 4th.....\$59.00

.....Day of Event Registration.....\$79.00

Special Needs Forms Competition.....\$25.00

Each Additional Event..... x \$10.00 = _____

Total Amount Due.....\$ _____

Athletes may pickup their credentials and weigh in at the Ramada Plaza on Friday, 9/17 from 5pm to 9pm or at the tournament venue on Saturday, 9/18 from 8am to 9am.

**Please Attach One photo with name on back for Competition I.D. Pass
Please pay with Cashiers Check/Money Order or Visa/Master Card.
Please make checks/money order to W.T.A.**

Credit Card Type; _____ Visa, _____ MasterCard

Credit Card # _____

Exp. Date _____ Name on Card _____

Signature _____

Competitors must check in and all Black Belts must weigh in either Friday night or Saturday morning. This form and fees must be postmarked by September 4, 2010 for preregistration discounts. Please make cashiers check or money order payable to WTA. Personal checks not accepted.

Competitor Signature _____ Date _____

Signature of Parent /Guardian (if under age 18) _____