



2017 Tournament of Champions

ATHLETE PRE-REGISTRATION FORM

Mail to: WTA, 6463 Sycamore Ct. N, Maple Grove, MN 55369 Please Print Legibly. Complete one form per competitor.

Competitor's Name _____ Gender _____ Weight _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email _____

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

School Name _____ Instructor's Name _____

School Address _____

School Website _____ Email _____

☐ Forms ☐ Family Forms ☐ Demo Team (\$100 Fee) ☐ Sparring ☐ Weapons

Demo Team Name: _____

***Divisions will be sorted in groups of four by Age, Size, Level and Rank on Tournament Site! (Color Belts Only)**

Host Hotels: Holiday Inn & Suites / 11801 Fountans Way N, Maple Grove, MN 55369

To Make Reservations: Call 763-425-3800

Register under the Group Name **"TAEKWONDO WEEKEND"** and receive the special tournament rate

Save \$\$ with this offer by reserving on or before **September 15th, 2017!**

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, Osseo-Maple Grove Basketball Association, the City of Maple Grove, 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.

2017 Tournament of Champions Starts at 9:00am!

One or Two Events.....\$79.00

.....One or Two Events if postmarked by Sep 6th.....\$69.00

.....Day of Event Registration.....\$89.00

Demonstration Team Competition (per Team).....\$100.00

Special Needs Forms Competition.....\$35.00

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

Total Amount Due.....\$ _____

*Athletes may pickup their credentials and weigh in at the Holiday Inn on **Friday, 9/22** from **5pm to 9pm** or at the tournament venue on **Saturday, 9/23** from **8am to 9am**.*

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 Phone # _____

Credit Card # _____ Security Code _____

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 9, 2017** for preregistration discounts. Please make cashiers check or money order payable to WTA. Personal checks not accepted.

Competitor/Parent /Guardian Signature _____ Date _____