

Capital City Championships

May 21, 2011 Austin Sports Center

Competitor Entry Form

Mail to: Lakeway TaeKwonDo 2300 Lohmans Spur #151 Austin, TX 78734 Ph: 512-577-0814 Fax: 512-263-9107 www.lakewaytkd.com	Register & Pay at: www.lakewaytkd.com or use this form & make check or money order payable to: Lakeway TaeKwonDo Early Registration must be postmarked by May 11th. \$60/\$70 (1 Event/2 Events) \$70/\$80 If after May 11th (please circle) Spectator Admission \$5 (over 5 yrs old) Total: _____
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Competitor and School Information Please Print or type clearly

Last Name _____	First Name _____
Address _____	City _____ St _____ Zip _____
Ph _____	Parent/Guardian Name _____ Email _____
Emergency Contact _____	Emergency Ph _____
School Name _____	Instructor/Master _____

Division Information Please fill out completely

Gender (circle) M F	Date of Birth _____	Age _____	Weight _____	Height _____		
Rank: White	Yellow	Green	Blue	Red	Black (Poom/Dan) _____	Forms / Sparring / Both (circle)
Competitors will be grouped by lower belt color. Divisions may be combined.						

Liability Waiver

<p>In consideration of your acceptance of my registration, I do hereby, for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claim for damages which I may have or accrue to me against Austin Sports Center, Capital City Championships, Lakeway TaeKwonDo, LLC and its organizing committee and all members of the organization, or their respective officers, medical committee, agents and/or assignees and against any competitor for any and all damages which may arise in participating in this event. I understand that Taekwondo is a contact sport which involves the risk of permanent injury. I certify that I/my minor child is qualified to participate in said activity. I understand that all mandatory sparring equipment (helmet, mouthpiece, chest protector, forearm guard, groin protector and shin/instep guard) is required for participation in sparring events. Furthermore, I hereby authorize the Capital City Championships and Lakeway TaeKwonDo, LLC to use my likeness from any photographs and/or videos for website, book/manual or marketing material.</p> <p>I hereby agree to all the terms and conditions of the liability waiver above.</p>

Competitor's Name _____	Competitor's Signature _____
Parent/Guardian Name _____	Parent/Guardian Signature _____ (If competitor under 18 years old)
Date _____	