

Bismarck in School Tournament

This Registration Form

For

Tiny Tigers White thru Red Belts

Juniors & Adults White thru Rec. Black Belts Only

NAME _____ City: _____

My current Belt Color is _____ Male _____ Female _____ My Age is: _____

I compete as a: Tiny Tiger Junior Adult

3rd Family Member Discount information: Fee for 3rd Family member (or more) will be \$5.00 per event

Total Registration Fee

1 Event = Form and One-Steps or Sparring \$25.00

2 Events = Form & Sparring & Traditional Weapons for Camo thru Red Belts: \$40.00

XMA , Extreme & Combat Weapons Competitors must use separate Registration Form

I will be Competing in: (1) Event _____ (2) Events: _____ Amount Paid \$ _____

I, _____, have applied to participate in the **Bismarck in School Tournament**. I understand that by registering in this tournament that I am subjecting myself to possible injury as I am voluntarily engaging in a contact sport. Before Signing the application to register, **I was given an opportunity to ask any questions that I may have had relating to any danger or harm that I could be exposed to,** and I have either asked the questions or have chosen not to ask.

By enrolling in this tournament I understand it is my responsibility to learn and understand all safety procedures and rules related to involvement in the ATA TaeKwonDo Program. These procedures and rules apply not only to my training but also to participation in this tournament.

As part of the agreement in allowing me to participate in this tournament, I agree that the American TaeKwonDo Association (including its officers, employees, Instructors and tournament organizers, and any other ATA student), will not be responsible for my safety nor do any of these parties assume any responsibility as a guardian or a fiduciary. This specifically means that no one listed in this paragraph or associated with American TaeKwonDo Association will be held liable for any injury, death or any other damages caused to me or to my family, decedents, heirs or anyone assuming any rights on my behalf, and I specifically waive any claim I may have against such persons or individuals.

I state that I am of legal age (at least 18 years of age) and that no court has declared that I cannot sign such documents. I understand that this is a binding agreement and that I am waiving certain rights, and I know before signing this I have the right to have it reviewed by an attorney.

I have read this agreement and I understand what it means. I represent that I am in good health and that I assume responsibility for my continued physical condition and capability to participate in the ATA.

Adult Competitor Signature _____ **Date:** _____

As a parent and/or guardian of the person named above, we hereby wish to register

_____, a minor in the Bismarck ATA Martial Arts in School Tournament, and after reading the above terms and conditions, do hereby agree to the terms set forth above on behalf of the minor named herein.

Signature Parent or Guardian _____ **Date** _____