

Competitor Registration Form (Please Print)

Name: _____

City: _____ State: _____ Zip Code: _____ Sex: M _____ F: _____

Age: _____ Birth Date: _____ Weight: _____ Height: _____

Belt Rank: _____ Email Address: _____

Martial Arts School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Instructor Name: _____ Phone: (____) _____

***All divisions will divide into Ages, Rank, and Male and Female**

**Entry Fee: For 2 Events \$60. Additional Events Extra \$10
Spectator Fee: Adult \$10 Children \$5.00**

*** Payment must be in cash, money order, or cashers check. NO personal checks!
Make Check out to: Chang**

Liability Waiver and Release

In consideration of your acceptance of my entry, I do hereby, for myself, my heir executor and administration, waive, release, and forever discharge all rights and claims for damages which I may accrue to me against the tournament directors, Chang Brothers Martial Arts Academy Inc., or their respective officers, agents, representatives, successors, and/or assignees, and against any competitor for any and all damages which may arise out of traveling to, participating in, and returning from such athletic competition. I understand that Tae kwon do is a body contact sport, and I further understand all content of the rules and regulations and general information which was published by the sponsors and I agree with them entirely.

Signature: _____ **Date:** _____

Signature of Parent or

Guardian if under 18: _____ **Date:** _____

**All Competitors, Good Luck in Showdown 2008!
Chang Brothers Martial Arts Academy (770) 320-8858
www.McDonoughKarate.com**