

All-Stars Championships

KMAC IN-HOUSE TOURNAMENT

“ ALL COMPETITORS WILL RECEIVE AN AWARD ”

Korean Martial Arts Center Competitive Skills Development Program

DATE: SATURDAY, JUNE 5TH, 2010

TIME: 11:00AM-4:00PM

LOCATION: 1414 OCEAN AVENUE (KMAC Headquarters)

DEADLINE: applications must be received by Monday, May 24th, 2010

NAME: _____			
AGE _____	BELT _____	INSTRUCTOR _____	
ADDRESS _____			
CITY _____	ZIP _____	PHONE _____	
E-MAIL ADDRESS _____			

Place an “X” next to your competition choice:

- FORMS MODIFY OLYMPIC SPARRING OLYMPIC SPARRING
 Flying Side Kick/Board Breaking Competition *Spin Kick Competition*

Complete & return this form by May 24th, with \$30 for one event, \$10 for each additional event
Event may be cancelled or postponed if participation is low

Medical Plan: _____ Group/ID# _____ Name of Insured _____ <u>EMERGENCY CONTACTS:</u> Name _____ Relationship to you _____ Address _____ _____ Home phone _____ Work/Cell phone _____ Name _____ Relationship to you _____ Address _____ _____ Home phone _____ Work/Cell phone _____ _____
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WAIVER OF LIABILITY OF THE KOREAN MARTIAL ARTS CENTER & IT’S INSTRUCTORS, STUDENTS AND LANDLORD:
<p>The undersigned accepts any and all responsibility for, and assumes the risk of any and all injury damage of person, which arises either directly or indirectly from the participation in the activities of this tournament. I hereby expressly release, discharge and hold harmless from any liability whatsoever the instructors, agents, employees, servants, and hosts thereof in their private and individual capacities as representatives of the KOREAN MARTIAL ARTS CENTER, whether salaried or voluntary. I certify that I am familiar with the contents of this waiver and that I have read and understood the same and that it is my intention in signing this waiver that this be binding not only upon me but upon my heirs, administrators, executors, successors and assigns.</p>
Applicant signature _____ Parent/Legal guardian signature (if competitor under 18) _____
Relationship to applicant _____
Date _____