July 18, 2009

"Tiny Tiger"

≈ Registration Form ≈

If you are in the "Tiny Tiger" class in your school, you should compete in a "Tiny Tiger" division!

NAME _____ **GENDER** _____
ATA # _____ **BIRTHDATE** _____ **AGE** _____ **TopTenAge** _____
RANK _____ **RANK I WISH TO COMPETE AS** _____
INSTRUCTOR _____
SCHOOL ADDRESS _____
SCHOOL # _____ **REGION** _____

FORM

- ☐ Songahm #1
- ☐ Songahm #2
- ☐ Songahm #3
- ☐ Songahm #4
- ☐ In Wha #1
- ☐ In Wha #2
- ☐ 1st Half
- ☐ 2nd Half

ONE-STEPS

- ☐ White
- ☐ Orange
- ☐ White
- ☐ #1 Only
- ☐ #2 Only
- ☐ #1 and #2

☐ Needs Help On form And/Or One-Steps

Competition Registration: $35

Tiny Tigers

NAME:

RANK:

AGE:

Family Members:

☐ 3rd and Up

Judge Level

COMPETITOR (if minor, PARENT) MUST SIGN LIABILITY RELEASE WAIVER

HOLD HARMLESS AND LIABILITY RELEASE WAIVER AGREEMENT

I, _____, have applied to participate in the Class "A" Regional. 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® and ATA Taekwondo of Lyons, Inc., (including their officers, employees, agents, tournament organizers, and any other 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.

As part of the agreement in allowing me to participate in this tournament, I agree that the American Taekwondo Association® and ATA Taekwondo of Lyons, Inc., (including their officers, employees, agents, tournament organizers, and any other 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.

As further consideration and as a basis for allowing me to participate in this tournament, I agree to assume any and all risk of harm, and I specifically agree to release the American Taekwondo Association® and ATA Taekwondo of Lyons, Inc., (including anyone connected with this tournament) as it relates to any damage, harm or injury that I might suffer, even if the event causing the damage, harm or injury was foreseeable or if such damage, harm or injury was created or caused by the negligent act of the parties I am releasing (this release will not apply to any intentional act). This agreement to hold harmless shall apply to any claim by me or my family, including my estate, heirs or any personal representatives in the event of my death for any damage, injury or harm that should occur by my participation in any training, tournament, summer camp or other program related to this participation in American Taekwondo Association®.

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 Taekwondo training and related activities.

_____ _____

Witness Signature (Co-sign if competitor is a minor)

TO BE SIGNED IF ABOVE IS EXECUTED BY PARENT OR LEGAL GUARDIAN: As the parent and/or guardian of the person named above, we hereby wish to register _____, a minor in the Class "A" Regional 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. Since the person named above is a minor and I have agreed to the terms set forth above, I hereby agree to indemnify and save harmless the American Taekwondo Association® and ATA Taekwondo of Lyons, Inc., (including anyone connected with these organizations) for any harm caused to the minor or should the minor later bring an action against any of the parties. I understand that I have agreed to pay any costs relating to any claim against the above named persons (including legal fees to defend such action) and to pay any award of damages should one be made in favor of the minor against any of the parties. As further consideration for allowing the minor to enroll in the tournament I personally waive (give up) any claim or cause of action that I may personally have as the parent or legal guardian in the event of any harm, injury or damage.

MEDICAL RELEASE: I, _____, on my own behalf or behalf of the named minor, hereby give permission to any licensed physician and/or hospital to provide emergency medical treatment which may be necessary due to any injury or accident incurred while participating in the Class "A" Regional. I agree to be responsible for all costs related to such medical treatment.

Medical Information:

Doctor's Name: _____ Doctor's Phone: _____

Medical Insurance Coverage: _____ Policy Number: _____ Identification Number: _____

Indicate any restrictions to treatment and/or allergies to medications:_____

Minor's Name:_____ _____ Signature:_____ Date:_____