

OTA TEAM LEGACY & E-PRODUCTIONS PRESENT:

2020 LEGACY CUP

INDIVIDUAL APPLICATION

| | | |
|----------------------|---|-----------------------------|
| REGISTRATION FEE | CHECK PAYABLE TO | MAILING ADDRESS |
| \$80 (KYOROOGI ONLY) | OLYMPIC TKD ACADEMY | 7207 ARLINGTON AVE. SUITE G |
| \$80 (POOMSAE ONLY) | MAIL IN REGISTRATION HAVE TO BE RECEIVED BY FEB 8, 2020 | RIVERSIDE, CA 92503 |
| \$90 (BOTH EVENTS) | ONLINE REGISTRATION CLOSED ON FEBRUARY 13, 2020 | |

FIRST NAME

LAST NAME

HOME ADDRESS

CITY

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| STATE | ZIP CODE | PHONE# | AGE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|------------|----------------------|----------------------|
| BELT COLOR | TKD SCHOOL NAME | MASTER INSTRUCTOR |
| WHITE | <input type="text"/> | <input type="text"/> |
| YELLOW | <input type="text"/> | <input type="text"/> |
| ORANGE | SCHOOL ADDRES | CITY |
| PURPLE | <input type="text"/> | <input type="text"/> |
| GREEN | <input type="text"/> | <input type="text"/> |
| BLUE | ZIP CODE | SCHOOL PHONE |
| BROWN | <input type="text"/> | <input type="text"/> |
| RED | <input type="text"/> | <input type="text"/> |
| BLACK | <input type="text"/> | <input type="text"/> |

LIABILITY WAIVER, RELEASE AND CONSENT TO MEDICAL TREATMENT

I HEREBY SUBMIT THIS REGISTRATION AND LIABILITY WAIVER FORM TO PARTICIPATE IN THE LEGACY CUP TAEKWONDO CHAMPIONSHIP 2020. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HEREBY RELEASE, DISCHARGE, AND WAIVE ANY AND ALL RESPONSIBILITY OF OLYMPIC TKD ACADEMY, CHAFFEY COLLEGE DISTRICT, E- PRODUCTION, TOURNAMENT ORGANIZING COMITEE, REFEREES, COACHES, INSTRUCTORS, AGENTS, OTHER COMPETITORS AND VOLUNTEERS FROM LIABILITY FOR ANY INJURY INCLUDING DEATH AND FOR DAMAGE TO OR LOSS OF PROPERTY WHICH MAY BE SUFFERED BY MYSELF ARISING OUT OF OR IN ANY WAY RESULTING FROM OR ATTRIBUTABLE IN WHOLE OR PART TO MY TRAVELING TO, TRAINING FOR, BEING COACHED IN, USING ANY SPORTS EQUIPMENT IN OR PARTICIPATING IN THE LEGACY CUP TAEKWONDO CHAMPIONSHIP 2020. AS A COMPETITOR OR PARENT/LEGAL GUARDIAN OF THE COMPETITOR, I GIVE CONSENT TO ANY XRAY EXAM, MEDICAL, CHIROPRACTIC, DENTAL AND OTHER TREATMENT(S) DEEMED NECESSARY FOR THE SAFETY AND WELFARE OF THE CONTESTANT. I UNDERSTAND THAT THIS AUTHORIZATION IS GIVEN PRIOR TO ANY DIAGNOSIS OR HOSPITAL CARE BEING REQUIRED, BUT IS GIVEN TO PROVIDE THE MEDICAL/ CHIROPRACTIC/ DENTAL STAFF AUTHORITY TO RENDER CARE AS DEEMED ADVISABLE. IN THE CASE OF MINORS, IT IS UNDERSTOOD THAT EFFORTS SHALL BE MADE TO CONTACT THE UNDERSIGNED PRIOR TO RENDERING TREATMENT, BUT TREATMENT WILL NOT BE WITHHELD IF THE UNDERSIGNED CANNOT BE REACHED. I UNDERSTAND IN CASE OF INJURY, ONLY BASIC FIRST AID WILL BE MADE AVAILABLE ON SITE, AND THAT I AM FULLY RESPONSIBLE FOR ANY AND ALL RESULTING MEDICAL OR OTHER EXPENSES.

Signature

Date

Parent Signature

Date

