



ATA Regional Tournament
ATA TIGER

Special Abilities
 no yes: Cognitive Autistic Physical

3rd Family Member \$10/event

ATA # _____ Name: _____ Gender: Male Female

Competition Rank: _____ DOB: _____ Competition Age (as of December 31, 2019): _____

School # _____ Region # _____ City/State: _____

Instructor: _____ School Phone: _____

If YES Forms/Sparring (One-Step)

Traditional Forms/Sparring \$ 45
Additional events / each \$ 20

If NO Forms/Sparring (One-Step)

First chosen event \$ 35
Additional events / each \$ 20

Onsite Registration Penalty \$3

Competition Fee \$ _____

TOTAL \$ _____

Traditional Forms / Sparring

Additional One-Step/Sparring (W-Y)

Traditional Weapons

Combat Weapon Sparring

Creative Forms

Creative Weapons

Xtreme Forms

Xtreme Weapons

TOP PORTION REMAINS AT REGISTRATION

ATA TIGER TRADITIONAL EVENTS

SPA: no yes: Cognitive Autistic Physical

ATA: _____

Name: _____

Competition Rank: _____

DOB: _____

Competition Age (as of 12/31/2019): _____

School # and Instructor _____

Traditional Forms / Sparring

Form: _____

One-Step: _____

Additional One-Step/Sparring (W-Y)

Traditional Weapons

Combat Weapon Sparring

ATA TIGER CREATIVE / XTREME EVENTS

SPA: no yes: Cognitive Autistic Physical

ATA: _____

Name: _____

Competition Rank: _____

DOB: _____

Competition Age (as of 12/31/2019): _____

School # and Instructor _____

Creative Forms

Creative Weapons

Xtreme Forms

Xtreme Weapons

ATA # _____ NAME _____ Gender _____

School# _____ School Owner _____

HOLD HARMLESS AND LIABILITY RELEASE WAIVER AGREEMENT

I _____ have applied to participate in this ATA Regional 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 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 during my training, but also to participation in this tournament.

As a part of the agreement in allowing me to participate in this tournament, I agree that the American Taekwondo Association (including its officers, employees, agents, tournament organizers, and any other student) will not be held 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 the American Taekwondo Association (including anyone connected to the tournament) will be held liable for any injury, death or any other damages caused to me or to my family, descendants, 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 (including anyone connected to the tournament) as it relates to any damage, harm or injury that I might suffer, even if the event causing 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 the 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 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)

Date