

Indianapolis Regional Tournament

July 30 and 31, 2010

TOURNAMENT SIGNUP SHEET							
Name	Forms/ Sparring	Weapons	Extreme Forms	Extreme Weapons	Creative Forms	Creative Weapons	Paid
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
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19.							
20.							
21.							
22.							
23.							
24.							
25.							



REGION 106 TINY TIGER FORMS REGISTRATION



If You Are In The "TINY TIGER" Class In Your
School, You Should Be In A "Tiny Tiger" Division

ATA # _____ BIRTHDATE _____ AGE _____ SEX Male Female
 NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 SCHOOL OWNER'S NAME _____ INSTRUCTOR'S NAME _____

INSTRUCTOR FILLS OUT THIS PORTION

(Check Appropriate Boxes For The Rank And Material That This Student Will Be Doing)

Rank	FORM	ONE -STEPS
<input type="checkbox"/> WHITE	<input type="checkbox"/> SONGAHM #1	<input type="checkbox"/> 1ST HALF
<input type="checkbox"/> ORANGE	<input type="checkbox"/> SONGAHM #2	<input type="checkbox"/> 2ND HALF
<input type="checkbox"/> YELLOW	<input type="checkbox"/> SONGAHM #3	<input type="checkbox"/> WHITE
<input type="checkbox"/> CAMO	<input type="checkbox"/> SONGAHM #4	<input type="checkbox"/> ORANGE
<input type="checkbox"/> GREEN	<input type="checkbox"/> SONGAHM #5	<input type="checkbox"/> YELLOW
<input type="checkbox"/> PURPLE	<input type="checkbox"/> IN WHA #1	<input type="checkbox"/> #1 ONLY
<input type="checkbox"/> BLUE	<input type="checkbox"/> IN WHA #2	<input type="checkbox"/> #2 ONLY
<input type="checkbox"/> BROWN	<input type="checkbox"/> CHOONG JUNG #1	<input type="checkbox"/> #1 #2
<input type="checkbox"/> RED	<input type="checkbox"/> CHOONG JUNG #2	

NEEDS HELP MAY NEED HELP NO HELP NEEDED

HOLD HARMLESS AND LIABILITY RELEASE WAIVER AGREEMENT

I _____, or parent or legal guardian of competitor if a minor, have voluntarily submitted my application for registration in the ATA regional Tournament. By submitting the application for registration, I certify that I am fully aware of and understand the inherent dangers in participating in activities involving Taekwondo and other martial arts, and of the basic safety rules and procedures.

I understand and agree that the organizers of the tournament, the ATA, the tournament officials, or any other contestant will not be responsible for my safety, nor will any of these parties or individuals serve as guardian of my safety.

I understand and agree that neither this tournament, the organizers of this tournament, the tournament directors, officials, their agents or assigns, or any other individual or entity associated with this tournament or the ATA, may be held in any way for any occurrence, or event in connection with this tournament which may result in injury, death or any and all damages to me or my family, descendants, heirs or assigns.

I understand and agree that in consideration of being allowed to be a contestant in this tournament, I hereby personally assume any and all risk involved in connection with this tournament and furthermore, I release forever the aforementioned organizers of this tournament, the ATA, the tournament directors and officials, their agents and assigns, and any other individual or entity associated with this tournament or the ATA, for any harm, injury or damage that may occur to me or befall me while I am a contestant in this tournament, including any and all risks connected therewith, whether foreseen or unforeseen, including any risks created and/or harm caused by negligent (excluding gross negligence or reckless behavior) or acts of any and all of the above-mentioned parties. Furthermore, I will hold harmless the above-mentioned parties from any claim by me, my family, my estate, my heirs, my personal representatives, or their assigns, arising out of my participating and being a contestant this tournament.

I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act (unless this signed by parent or legal guardian). I also understand and agree that the terms herein are contractual and that the terms are not a mere recital or simply for information purposes.

I have read, understood and fully informed myself of the contents of this agreement. I assume my own responsibility, physical condition and capability to perform under tournament conditions of a championship level Taekwondo tournament.

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

TO BE SIGNED IF ABOVE IS EXECUTED BY PARENT OR LEGAL GUARDIAN

As the parent and/or legal guardian of the person named above, we hereby wish to register _____, a minor in the ATA 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® (including anyone connected with the organization) 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 cost 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 to enroll in this 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 injury or accident incurred while participating in the ATA Regional Tournament. I agree to be responsible for all cost related to such medical treatment.

Medical Information:

Doctors Name: _____ Doctors Phone _____

Medical Insurance Coverage: _____ Policy Number: _____

Identification Number: _____

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

Minors Name _____ Signature _____ Date _____



REGION 106 TINY TIGER WEAPONS REGISTRATION



If You Are In The "TINY TIGER" Class In Your School, You Should Be In A "Tiny Tiger" Division

ATA # _____ BIRTHDATE _____ AGE _____ SEX Male Female
 NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 SCHOOL OWNER'S NAME _____ INSTRUCTOR'S NAME _____

INSTRUCTOR FILLS OUT THIS PORTION

(Check Appropriate Boxes For The Rank And Material That This Student Will Be Doing)

Rank

- WHITE
- ORANGE
- YELLOW
- CAMO
- GREEN
- PURPLE
- BLUE
- BROWN
- RED

WEAPON

- Single Ssahng Jeol Bong
- Single Bahng Mahng Ee
- Gum Do
- Oh Sung Do
- Double Ssahng Jeol Bong
- Double Bahng Mahng Ee
- Ssahng Nat
- Jahng Bong

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I understand and agree that neither this tournament, the organizers of this tournament, the tournament directors, officials, their agents or assigns, or any other individual or entity associated with this tournament or the ATA, may be held in any way for any occurrence, or event in connection with this tournament which may result in injury, death or any and all damages to me or my family, descendants, heirs or assigns.

I understand and agree that in consideration of being allowed to be a contestant in this tournament, I hereby personally assume any and all risk involved in connection with this tournament and furthermore, I release forever the aforementioned organizers of this tournament, the ATA, the tournament directors and officials, their agents and assigns, and any other individual or entity associated with this tournament or the ATA, for any harm, injury or damage that may occur to me or befall me while I am a contestant in this tournament, including any and all risks connected therewith, whether foreseen or unforeseen, including any risks created and/or harm caused by negligent (excluding gross negligence or reckless behavior) or acts of any and all of the above-mentioned parties. Furthermore, I will hold harmless the above-mentioned parties from any claim by me, my family, my estate, my heirs, my personal representatives, or their assigns, arising out of my participating and being a contestant this tournament.

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

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Medical Information:

Doctors Name: _____ Doctors Phone _____

Medical Insurance Coverage: _____ Policy Number: _____

Identification Number: _____

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

Minors Name _____ Signature _____ Date _____



REGION 106 TOURNAMENT REGISTRATION

THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO COMPETE

CHECK ONE

NAME _____ ATA # _____

- WHITE, ORANGE, YELLOW, CAMO, GREEN, PURPLE, BLUE, BROWN, RED/1R BLK, 1D BLACK, 2R/D BLACK, 3RD BLACK, 4TH BLACK, 5TH BLACK

BIRTHDATE _____ AGE _____ SEX [] Male [] Female

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL OWNER'S NAME _____

check your division

[] PEE WEES (7 and under) [] KIDS (8-10) [] JUNIORS (11-13) [] TEENS (14-16)

[] ADULTS (17-29) [] VIP (30-39) [] EXECUTIVE (40-49) [] SILVER (50-59) [] 60 and above

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I have read, understood and fully informed myself of the contents of this agreement. I assume my own responsibility, physical condition and capability to perform under tournament conditions of a championship level Taekwondo tournament.

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

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Medical Information:

Doctors Name: _____ Doctors Phone _____

Medical Insurance Coverage: _____ Policy Number: _____

Identification Number: _____

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

Minors Name _____ Signature _____ Date _____



WEAPONS FORM COMPETITION

REGION 106 TOURNAMENT REGISTRATION

THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO COMPETE

CHECK RANK

NAME _____ ATA # _____

BIRTHDATE _____ AGE _____ SEX Male Female

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL OWNER'S NAME _____

- WHITE
- ORANGE
- YELLOW
- CAMO
- GREEN
- PURPLE
- BLUE
- BROWN
- RED/1R BLK
- 1D BLACK
- 2R/D BLACK
- 3RD BLACK
- 4TH BLACK
- 5TH BLACK

check your division

- PEE WEES (7 and under) KIDS(8-10) JUNIORS(11-13) TEENS(14-16)
- ADULTS(17-29) VIP(30-39) EXECUTIVE(40-49) SILVER(50-59) 60 and above

WEAPONS FORM COMPETITION (Please check your weapon):

1st Degree & above

- Single Ssahng Jeol Bong
- Single Bahng Mahng Ee
- Gum Do
- Oh Sung Do

2nd Degree & above

- Double Ssahng Jeol Bong
- Double Bahng Mahng Ee
- Ssahng Nat

3rd Degree & above

- Jahng Bong

HOLD HARMLESS AND LIABILITY RELEASE WAIVER AGREEMENT

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I understand and agree that in consideration of being allowed to be a contestant in this tournament, I hereby personally assume any and all risk involved in connection with this tournament and furthermore, I release forever the aforementioned organizers of this tournament, the ATA, the tournament directors and officials, their agents and assigns, and any other individual or entity associated with this tournament or the ATA, for any harm, injury or damage that may occur to me or befall me while I am a contestant in this tournament, including any and all risks connected therewith, whether foreseen or unforeseen, including any risks created and/or harm caused by negligent (excluding gross negligence or reckless behavior) or acts of any and all of the above-mentioned parties. Furthermore, I will hold harmless the above-mentioned parties from any claim by me, my family, my estate, my heirs, my personal representatives, or their assigns, arising out of my participating and being a contestant this tournament.

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

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Medical Information:

Doctors Name: _____ Doctors Phone _____

Medical Insurance Coverage: _____ Policy Number: _____

Identification Number: _____

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

Minors Name _____ Signature _____ Date _____



ATA XTREME

(circle one)

CREATIVE

REGION

106

FORMS

REGISTRATION

THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO COMPETE

NAME _____ **ATA #** _____

BIRTHDATE _____ **AGE** _____ **SEX** Male Female

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SCHOOL OWNER'S NAME _____

DIVISION (Please check your age group):

8 and under 9 - 12 13 - 16 17 - 29 30 - 45 46 - 99

DIVISION (Please check your rank):

COLOR BELT BLACK BELT

HOLD HARMLESS AND LIABILITY RELEASE WAIVER AGREEMENT

I _____, or parent or legal guardian of competitor if a minor, have voluntarily submitted my application for registration in the ATA regional Tournament. By submitting the application for registration, I certify that I am fully aware of and understand the inherent dangers in participating in activities involving Taekwondo and other martial arts, and of the basic safety rules and procedures.

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I understand and agree that neither this tournament, the organizers of this tournament, the tournament directors, officials, their agents or assigns, or any other individual or entity associated with this tournament or the ATA, may be held in any way for any occurrence, or event in connection with this tournament which may result in injury, death or any and all damages to me or my family, descendants, heirs or assigns.

I understand and agree that in consideration of being allowed to be a contestant in this tournament, I hereby personally assume any and all risk involved in connection with this tournament and furthermore, I release forever the aforementioned organizers of this tournament, the ATA, the tournament directors and officials, their agents and assigns, and any other individual or entity associated with this tournament or the ATA, for any harm, injury or damage that may occur to me or befall me while I am a contestant in this tournament, including any and all risks connected therewith, whether foreseen or unforeseen, including any risks created and/or harm caused by negligent (excluding gross negligence or reckless behavior) or acts of any and all of the above-mentioned parties. Furthermore, I will hold harmless the above-mentioned parties from any claim by me, my family, my estate, my heirs, my personal representatives, or their assigns, arising out of my participating and being a contestant this tournament.

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

TO BE SIGNED IF ABOVE IS EXECUTED BY PARENT OR LEGAL GUARDIAN

As the parent and/or legal guardian of the person named above, we hereby wish to register _____, a minor in the ATA 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® (including anyone connected with the organization) 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 cost 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 to enroll in this 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.

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Medical Information:

Doctors Name: _____ **Doctors Phone** _____

Medical Insurance Coverage: _____ **Policy Number:** _____

Identification Number: _____

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

Minors Name Signature Date



ATA XTREME

(circle one)

CREATIVE

REGION

106

WEAPONS

REGISTRATION

THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO COMPETE

NAME _____ **ATA #** _____

BIRTHDATE _____ **AGE** _____ **SEX** Male Female

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SCHOOL OWNER'S NAME _____

DIVISION (Please check your age group):

8 and under 9 - 12 13 - 16 17 - 29 30 - 45 46 - 99

DIVISION (Please check your rank):

COLOR BELT BLACK BELT

WEAPONS FORM COMPETITION (Please check your weapon):

Single Ssahng Jeol Bong Double Ssahng Jeol Bong Jahng Bong
 Single Bahng Mahng Ee Double Bahng Mahng Ee Gum Do
 Ssahng Nat Oh Sung Do

HOLD HARMLESS AND LIABILITY RELEASE WAIVER AGREEMENT

I _____, or parent or legal guardian of competitor if a minor, have voluntarily submitted my application for registration in the ATA regional Tournament. By submitting the application for registration, I certify that I am fully aware of and understand the inherent dangers in participating in activities involving Taekwondo and other martial arts, and of the basic safety rules and procedures.

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Witness _____

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

Date _____

TO BE SIGNED IF ABOVE IS EXECUTED BY PARENT OR LEGAL GUARDIAN

As the parent and/or legal guardian of the person named above, we hereby wish to register _____, a minor in the ATA 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® (including anyone connected with the organization) 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 cost 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 to enroll in this 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.

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Medical Information:

Doctors Name: _____

Doctors Phone _____

Medical Insurance Coverage: _____

Policy Number: _____

Identification Number: _____

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

Minors Name _____

Signature _____

Date _____