

TWIN TIGERS TAEKWONDO CHAMPIONSHIP
COMPETITOR APPLICATION

Name: _____

Date of Birth: _____ Age: _____ Gender: M F

Weight: _____ lbs. Height: _____ Belt Color: _____

Home Address: _____

City: _____ Zip _____

Home/Cell Phone Number: (_____) _____

TAEKWONDO SCHOOL INFORMATION

TKD School Name: _____

Master/Instructor Name: _____

Registration/Event

Please check what applies: Breaking Poomsae Obstacle Course (4-14 years old only, all belts)
 Grass Roots Sparring (All Color Belts and Black Belts) World Class Sparring (Black Belts Only)

Payable to "Daniel Ramirez". 1 Event=\$120, 2 Events=\$140, 3 Events=\$160, 4 Events = \$180.

(Cash, Cashier's Check or Money Order)

Mail Application to: TWIN TIGERS TAEKWONDO
6409 6th Avenue #13
Tacoma, WA 98406

Release of Claims Personal Injury and Assumption Risk

I hereby voluntarily submit my application for attendance and participation in the Twin Tigers Taekwondo Championship on May 31, 2025, with full knowledge of the risk of injury in this contact sport event. I assume full responsibility for any and all damage, injury and/or loss that my child or I may sustain while attending/participating in the event. I expressly waive and release Twin Tigers Taekwondo, its tournament committee, Tacoma Community College, City of Tacoma and all members of the championship, their respective officers, agent's representatives, successors, and/or assigns, and any competitor for all damages which may be sustained by my child or myself in connection with my association with entry in the above athletic meet and with ANY medical services provided. I further understand that any medical treatment given to me or my child at the event will be of emergency first aid treatment only, and I expressly request and consent to such emergency assistance. I consent that any pictures furnished by me or any pictures taken of me in connection with the event can be used for publicity, promotion of television, and other media showings, and I waive any right for compensation therefore. This release, consent and assumption of risk have important consequences. If under 18, this document must be executed by parent or legal guardian.

Competitor Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____