



3rd Master H Kim's World Class Tae Kwon Do Championships COMPETITOR ENTRY FORM

5730 Wilford Dr. McKinney, TX 75070 - February 4, 2023

- How to register: At your individual school or by email: info@mckinneytkd.com (send PDF)
- Where: Lindsey Elementary School Gym
- Entry fee: \$60 (1 Event) / \$80 (2 Events) / \$100 (3 Events)
- How to pay: Cash Only / No personal checks – All fees are Non Refundable.
- All competitors must be pre-registered. All applications must be received by Wed. 1/25.
Entry forms received after 1/25 will be charged an additional \$10 late registration fee. No entry forms will be accepted after 2/2.
- More information: (469) 617-3667 or info@mckinneytkd.com

PLEASE PRINT ALL INFORMATION

Last Name _____ First Name _____ ☐ Male ☐ Female
Address _____ City _____ Zip _____
Phone Number _____ Email Address _____
Date of Birth _____ Age _____ Belt Color _____

PLEASE CHECK THE EVENT(S) YOU WILL BE ATTENDING

☐ **FORM** CIRCLE YOUR FORM

- Little Tigers • White Belt • Tae Geuk 1 • Tae Geuk 2 • Tae Geuk 3 • Tae Geuk 4
- Tae Geuk 5 • Tae Geuk 6 • Tae Geuk 7 • Tae Geuk 8
- Koryo • Keumgang • Taebaek

☐ **BOARD BREAKING**

☐ **FAMILY/GROUP FORM**

----- **IMPORTANT : Please complete medical questionnaire on reverse.** -----

MEDICAL QUESTIONNAIRE FORM

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Competitor's Name: _____

Please **circle** the (Y) for yes or (N) for no.

1. Do you have any allergies to any medications? Y N
If you answered yes, please indicate which medications. _____
2. Do you take any medications regularly? Y N
If you answered yes, please indicate which medications. _____
3. Do you wear contact lenses? Y N
4. Do you have a history of any of the following conditions?
 - a. epilepsy (seizures) Y N
 - b. lung disease Y N
 - c. heart disease Y N
 - d. diabetes Y N
 - e. high blood pressure Y N

If you answered YES to any part of question four, please complete question five.

5. I hereby state that I am under the care of a physician for the treatment of _____
and that I have been medically cleared by that physician to participate in this tournament.

Please read carefully: I hereby certify that the above information is true and accurate to the best of my knowledge.

Liability Waiver: In consideration of your acceptance of my entry. I do hereby, for myself, my heirs, executors, and administrators waive, release forever, discharge any and all rights and claims for damages, which I may have or may accrue to me against Master H Kim's World Class Tae Kwon Do centers or its Directors, the 2021 World Class Tae Kwon Do Championships or its directors, the city of McKinney, and all members of the championships, or their respective officers, agents, representatives, successors, and/or assigns, and against any of my competitors for any and all damages which may be sustained by me in connection with my association or entry in the above athletic meet and competition, and in connection with any medical services I may be provided in connection with any such injury or illness, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that Tae Kwon Do is a body contact sport, and I further understand all contents of the 2021 rules and regulations and general information which was published by the sponsors and I agree with them in their entirety. I further understand that I may be dismissed from the premises without compensation or refund if my conduct is not courteous and cooperative for the successful operation of the championships. I hereby agree to all terms and conditions of the liability waiver above.

Competitor's Signature _____ **Date:** _____
If competitor is under 18, this must be signed by a parent or legal guardian.

Parent or Guardian Signature _____ **Date:** _____