



TAEKWON-DO'S 50TH ANNIVERSARY CHAMPIONSHIP
Saturday July 23, 2005
Las Vegas, Nevada USA
www.ictf.info

INDIVIDUAL ENTRY FORM

Name _____ Telephone # _____ Gender: M ___ F ___
(please print first name/Last Name)

Address _____ City _____ Prov/State/Country _____ Postal code _____

Age _____ Height _____ Weight _____ Belt grade _____ Belt colour _____
10 to 1 Full colour, not stripe

Club name _____ Instructors name _____

Once the tournament begins it is the responsibility of each competitor to report on time to their respective rings when their group is called. Failure to report on time will result in disqualification.

Please check off each category you wish to compete in:

PATTERNS (Tul) _____
Division # _____
Office use only

SPARRING (Matsogi) _____
Division # _____
Office use only

You may enter one or both categories. Competitors will receive medals for the top three places in all categories

Entry fees are in US funds: \$65 to June 30
\$75 from July 01 to 15

No registrations accepted after July 15.

Amount Enclosed: \$ _____

Payment by Cheque Credit Card

Please make cheques payable to ICTF

Credit card payments will show on your statement to Chi Inc.

No refund after tournament begins.

For credit card payments:

Visa Master Card American Express

Card Number: _____

Expiry Date: _____

Total Amount Charged: _____

Signature: _____

LIABILITY WAIVER

The competitor realizes that there is a risk of injury in Taekwon-Do competition. The competitor voluntarily assumes the risk of accident, injury, damage, loss or harm of any kind to the competitor's person or property as a result of competing in this tournament. Neither the ICTF nor its officers, chief instructor, instructors, assistant instructors, fellow members, volunteers or guests shall in any way be held liable for any claims, liability, demands, suits, actions or any other proceedings of any kind on account of accident, injury, damage, loss or harm of any kind sustained by the competitor or to the competitor's property. All information on this entry sheet as well as pictures, videos, stories, or other items may be used in promotion of this organization or its parent organization.

Competitors' signature _____

Parent or guardian must sign if competitor is under 18 years of age

Parents' name (please print) _____

MAIL TO: 50th Anniversary Championship ■ 73 Fair Oaks Drive ■ St. Albert, AB ■ Canada T8N 1P9



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MEDICAL TREATMENT FORM

Participant's Name _____ Date of Birth _____

Parent/Guardian Name _____ Relationship _____

Address _____

Telephones: Home/Work _____ Cell: _____

Emergency Contact _____ Phone No. _____

Insurance Company _____ Policy No. _____

Family Doctor _____ Phone No. _____

Is your child presently on medication? _____

If yes, please list medication (s): _____

Drug Sensitivities _____ Other Allergies _____

Please read the alternative statements below and sign under the one that you choose.

Sign only one!

1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature _____ Date Signed _____

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____ Date Signed _____

Name of Club/Country: _____

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