

ACTION INTERNATIONAL MARTIAL ARTS ASSOCIATION

국 제 무 도 협 회

National Championships 12th February, 2011

COMPETITORS ENTRY FORM

Forms to be returned to instructors by 5th February 2011

Entry Fee for one, or all events, is €20. Please clearly print all information.

Where there are three or more in any one family, only the first two pay €20 – all subsequent family members pay €10 (ie. 3rd, 4th, 5th etc. family members pay €10). Family entries must be submitted together.

Students Last Name: _____ First Name: _____

Address: _____

Date of Birth: _____ Age: _____ Sex: _____ Weight (*Kg's ONLY*): _____

Belt Level:Current _____ Telephone Number: _____

Instructor/Coach Name _____ School/Club/Gym _____

Please type YES or NO beside event followed by the category number (see category sheet)

Points sparring _____ ***Category #*** _____
yes/no

Continuous sparring _____ ***Category #*** _____
yes/no

Breaking/Destruction _____ ***Category #*** _____
yes/no

LIABILITY WAIVER

In consideration of your acceptance of my entry, I do hereby for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages, including bodily injury, which I may have or which may occur to me against the referees and all members of the AIMAA or the Airport Taekwondo School and their respective officers, representatives, successors, and/or assigns and against any competitor for any and all damages which may be sustained by me in connection with associations with or entry into this National event, or which may arise out of traveling to, participating in, and returning from this National event. I understand that Tae Kwon Do and all styles of Martial Arts are a body contact sport. I irrevocably consent to the unrestricted use of any and all photographs and visual audio recording which has been taken of me or which I may be included, for all purposes, in any and all media, without limitation. I further understand all the contents of the rules and general information which was published by the organizing committee and I agree to them in their entirety. I further understand that I may be dismissed from the premises if my conduct is not cooperative to the successful operation of the National Semiar.

By signing below, I confirm that I have read the liability waiver above and agree to enter under the terms and conditions of the event.

Signature: _____ Date: _____

(Parent/Guardian for 18 years or younger)

PLEASE RETURN FORM AND ENTRY FEE (made payable to AIMAA) TO YOUR INSTUCTOR

AIMAA

MODESTY – COURTESY – INTEGRITY – PERSEVERANCE - INDOMITABLE SPIRIT – SEF CONTROL