## Registration Form for Ozark AAU Taekwondo Sparring Workshop And Scrimmage

Saturday, June 15, 2013 Session #1 9:00 - 12:00 Session #2 1:00 - 4:00

Entry Fee Athletes: \$30 session 1, \$25 session 2, or \$45 both Entry Fee Officials: \$30 session 1, No Charge for session 2 if Officiating

Checks, M.O. or cashiers check payable to: Willow Martial Arts

Please mail completed entry form and fee to:
Pat Weseman
3666 Gail Dr
Imperial, MO. 63052

Mailed applications should be received by Thursday, June 13, 2013

Questions? Email pweseman@aol.com or phone 636-296-3748

Please fill application out completely!

| Name:  |                 |                                 |                                    |
|--|-----------------|---------------------------------|------------------------------------|
| Gender:  | Age:            | R                               | Rank:                              |
| Phone #  |                 | E-Mail:                         |                                    |
| Martial Arts School:   |                 |                                 |                                    |
| Instructor's Name:   |                 |                                 |                                    |
| 2013 AAU Membership #<br>You must be   |                 | nber to participate. Register o | n line at <u>www.aausports.org</u> |
| I will be participating at the following sessions  |                 |                                 |                                    |
|  | -               | P.M. Session Only               |                                    |
| I will be attendi  | ng session 2 as | an official for officiating     | practice                           |
| I, the undersigned, to hereby voluntarily submit my application for attendance and participation in the Ozark AAU Taekwondo Olympic Style Sparring Practice, and do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating, and I hereby waive all claims against the promoters, officials, or sponsors of said Ozark AAU Taekwondo Olympic Style Sparring Practice individually or otherwise, for any claim for injuries that I might sustain. I fully understand that any medical treatment given me will be of a First Aid treatment only. I understand the fee paid is non-refundable. |                 |                                 |                                    |
| Date:  | Signature:      |                                 |                                    |
|  |                 | Signature will be obtain        | ned at the door if form is emailed |
| Parent or Guardian (if participa   | ant is a minor) |                                 |                                    |
|  |                 | Signature will be obtain        | ned at the door if form is emailed |