

# South Texas AAU District

## STATE TAEKWONDO CHAMPIONSHIP

Wagner High School Gymnasium – San Antonio TX, Saturday April 2, 2011

\$70 for one or two events - \$75 for three events. Registration Deadline March 25, 2011.

Cashiers checks or money order only - Made payable to L.M.A.

**Mail to: L.M.A. – 2326 MYSTIC STAR - CORPUS CHRISTI TX 78414**

### Registration Form

Competitor's name \_\_\_\_\_ Sex \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School/Club Name \_\_\_\_\_

Phone \_\_\_\_\_ TKD School/Club Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Instructors Name \_\_\_\_\_

**FILL OUT INFORMATION BELOW COMPLETELY - MISSING INFORMATION MAY DELAY ACCEPTANCE IN COMPETITION  
AAU MEMBERSHIP INFORMATION IS MANDATORY – PLEASE SEND COPY OF AAU MEMBERSHIP WITH REGISTRATION**

Check box if competing in.:

FORMS

WEIGHT: \_\_\_\_\_ RANK: \_\_\_\_\_

OLYMPIC SPARRING

BIRTHDATE: \_\_\_\_\_  
(As of Aug 31, 2011)

POINT SPARRING

EMAIL: \_\_\_\_\_  
(For application confirmation – updates, schedule changes)

I hereby submit my application for registration in the South Texas AAU Association State Qualifying event, to be held at Wagner High School. I understand that there is the possibility of serious injury, property loss, and even death in this contact event. I hereby agree to assume all risks of participating in the said tournament. I certify that I am physically fit, have sufficiently trained for competition, and have not been advised by medical professionals to not compete. I hereby waive any and all claims against any person connected with the said event for any losses or injuries I may sustain or incur for myself, my executors, administrators, heirs, next of kin, successors, and assign as follows: Waive, release, discharge, and agree not to sue, for any and all liability for my personal injuries, disabilities, personal theft, or actions of any kind, I also hold harmless from any and all liabilities or claims made by individuals or entities as a result of my actions during the said tournament, the following applies to: Sponsors, directors, event producers, volunteers, The Amateur Athletic Union, South Texas AAU District, Wagner High School, the Lumampao Martial Arts Academy, and any other entity that may be connected with the said tournament. I and my parents/guardians assume full responsibilities for all my actions. I do attest that I am an Amateur Athletic Union (AAU) member in good standing, and I am registered as a competitor for the 2011 competition year. I further agree that any pictures or videos taken of me in connection with the said event can be used for any purpose without compensation. I also understand that all fees are non-refundable.

Competitor Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### TO BE FILLED OUT BY TOURNAMENT COMMITTEE

TOURNAMENT NUMBER

POINT STYLE CODE

FORMS CODE

OLYMPIC STYLE CODE

To verify application receipt, you may check to see if your name is on the competitor list at

[www.southtexasAAUtaekwondo.com](http://www.southtexasAAUtaekwondo.com).