

South Texas AAU District

STATE TAEKWONDO CHAMPIONSHIP

Texas A&M University Corpus Christi, Saturday May 1, 2010 Corpus Christi, Texas

\$70 for one or two events - \$75 for three events. Registration Deadline April 25, 2010.

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: _____

OLYMPIC SPARRING

BIRTHDATE: _____

(As of Aug 31, 2010)

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 Texas A&M University Corpus Christi. 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, Texas A&M University Corpus Christi, 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 2010 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.