



WWW.TAEKWONDOMANITOBA.CA

2017 MANITOBA PROVINCIAL QUALIFIER

*** BLACK BELTS ONLY - KP&P SOCKS REQUIRED ***

COMPETITOR REGISTRATION FORM

FIRST NAME		LAST NAME	
ADDRESS			
CITY		PROVINCE/ STATE	POSTAL/ZIP
PHONE		SCHOOL/ CLUB	
DATE OF BIRTH		GENDER	POOM/DAN DEGREE
HEIGHT (INCHES)		WEIGHT (LBS.)	YOU MUST MAKE WEIGHT FOR THE WEIGHT DIVISION ENTERED. FAILURE TO DO SO WILL RESULT IN DISQUALIFICATION
ENTER BLACK BELT POOMSAE COMPETITION? (Y/N)			ENTER BLACK BELT REC SPARRING COMPETITION? *NO ADDITIONAL FEE* (Y/N)

I, the undersigned, hereby submit my application for registration in this Taekwondo Championship. I voluntarily assume all risks in any way connected with my participation in the said championship and hereby waive all claims howsoever caused, including negligence, against any and all persons and any and all organizations and championship directors connected with the above actions and conduct during and in connection with the said championships. I hereby certify that I have not suffered a concussion, head injury, loss of consciousness or blow to the head followed by dizziness, memory loss or headache in any activity in the past 30 days.

\$100 ENTRY FEE
PLEASE MAKE CHEQUES PAYABLE TO: TAEKWONDO MANITOBA
MAIL/DROP-OFF: SPORT MANITOBA, ATTN: WINTER CLASSIC
145 PACIFIC AVENUE, WINNIPEG MB, R3B 2Z6

*** REGISTRATION DEADLINE: FRIDAY, JANUARY 6TH ***
TOURNAMENT INQUIRIES: PLEASE CONTACT director@taekwondomanitoba.ca

SIGNATURE OF PARTICIPANT		DATE	
PARENT/GUARDIAN SIGNATURE		DATE	