

Holon Wellness Taekwon-do Tournament 2015

Registration

Participant Name: _____ **Age:** _____

Rank: _____ **Email:** _____

School: _____ **Instructor:** _____

Please check which events you will be competing in:

Patterns: _____ **Sparring** _____ **Breaking (13+)** _____ **Most Kicks** _____

Chong Hon patterns, sparring and breaking (13 and up) or most kicks (12 and under). See Rules for more information www.holonwellness.com

\$50 for 1 event, \$55 for 2 events, \$60 for 3 events.

Amount Enclosed: _____

***\$5 discount if registration is *received* before 1/1/2015**

****\$5 *additional discount* for Holon Wellness TKD members**

Make Checks Payable to Holon Wellness: 5765 W. Elmhurst Dr. Littleton, CO 80128

I/we hereby assume all responsibility to participate in tournament. I/we waive any and all claims of injury, damages, or loss to myself or personal property and hold no one responsible for any accident or injury associated with this physical activity. I/we agree to hold harmless Holon Wellness, Washington Street Community Center, Colorado International TKD, Bryce Hogle, Daniela Ebersberg-Hogle, it's principals and agents, representatives, employees, and students from any and all claims. Furthermore, I/we know of no impairment or deficiency in physical health or otherwise that would limit or prohibit participant from participation in practice sessions, lessons, and/or tournament competition. I/we agree to make known to the instructor(s) and studio officials any change in physical health or any other consideration that would limit participation.

Participant (parent if under 18) Signature: _____ **Date:** _____

