***TRI-STATE OLYMPIC TKD SPARRING SEMINAR***

***When***: **Saturday, January 27th, 2018 ~ *1:30-3:30pm***

***Where***: **Yoo’s Martial Arts, Tarrytown NY 10591**

***Eligibility***: Competitors will be recommended by Masters

***Application Deadline****:* 1/25/18



***Participating Schools: Elite Taekwondo (Norwood, NJ), White Tiger Taekwondo (Greenwich, CT), Hong Ik Martial Arts (New Rochelle, NY), Yoo’s Martial Arts (Tarrytown, NY and Fairlawn, NJ)***

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| **Student Name:** |  | **Gender:  Male  Female** |
| **Belt Rank:** |  | **Age:** |
| **Emergency Contact Name:** |  | **Relationship:** |
| **Emergency Contact Phone Number :** | **( )** | |

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| **Fee** | **Payment Method** |
| **$50.00**  ***No refund, transfer or credit.*** | ** Cash  Check  Credit Card**  *Make Checks payable to:* ***Yoo’s Martial Arts*** |

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| **Waiver & Release From Liability** |
| By signing and returning this application and waiver it is understood a martial arts contest is physical and there is risk of injury. I/my child understand there is risk of injury and will act responsibly. I release Yoo’s Martial Arts, instructors and employees from any claim resulting from any injury that I/my child may receive while participating in THE TRI-STATE OLYMPIC TKD SPARRING SEMINAR.  Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |