

COMPETITOR ENTRY FORM



All competitors must be pre-registered.

All applications must be received by Wednesday, May 30th.

Absolutely no registration will be accepted on the day of the competition.

One ID
Size Photo
Required for
Registration

How to register:

- At your **individual school** (turn in your forms and payment to an instructor)
- or by **email**: info@buffalotkd.com
- or by **mail** (postmarked by May 24h) Master Chong's World Class Tae Kwon Do
Attn: 2018 Martial Arts Festival
4905 Transit Rd.
Depew, NY 14043

PLEASE PRINT ALL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Date of Birth: _____ Age: _____ Male Female
Height: _____ Weight: _____

Belt Color: White Belt Yellow Belt Green Stripe Green Belt Blue Stripe
 Blue Belt Red Stripe Red Belt Black Stripe Dbl Black Stripe Poom Belt
 1st Dan 2nd Dan 3rd Dan 4th Dan
Little Tigers: White Belt Yellow Stripe Green Stripe Blue Stripe Red Stripe Black Stripe

TKD School: Master P

- Events:** Forms
 Board Breaking
 Sparring
 Black Belt Team Forms (Please request additional form)
 Family Forms (Please request additional form)
Only one family member needs to pay the festival fee in order to register all family members for this event.
 Kumdo Forms

Entry Fee: \$60 for one event / add \$10 for each additional event **Total amount enclosed: \$** _____

All checks should be made out to: Master Chong's World Class Tae Kwon Do

Entry forms are due May 31st. Entry forms received after May 30th will be charged an additional \$10 late registration fee. No entry forms will be accepted after June 4th.

IMPORTANT: Please complete medical questionnaire form on reverse.



MEDICAL QUESTIONNAIRE FORM

(This form is mandatory for all competitors)

World Class Tae Kwon Do Martial Arts Festival
Hamburg, NY • June 9th, 2018

Competitor's Name: _____

Please circle the (Y) for yes or (N) for no.

1. Do you have any allergies to any medications? Y N
If you answered yes, please indicate which medications. _____
2. Do you take any medications regularly? Y N
If you answered yes, please indicate which medications. _____
3. Do you wear contact lenses? Y N
4. Do you have a history of any of the following conditions?
 - a. epilepsy (seizures) Y N
 - b. lung disease Y N
 - c. heart disease Y N
 - d. diabetes Y N
 - e. high blood pressure Y N

If you answered YES to any part of question four, please complete question five.

5. I hereby state that I am under the care of a physician for the treatment of _____
and that I have been medically cleared by that physician to participate in this tournament.

Please read carefully: I hereby certify that the above information is true and accurate to the best of my knowledge.

Liability Waiver: In consideration of your acceptance of my entry. I do hereby, for myself, my heirs, executors, and administrators waive, release forever discharge any and all rights and claims for damages, which I may have or may accrue to me against Master Chong's World Class Tae Kwon Do Centers or its Directors, the 2018 Master Chong's World Class Martial Arts Festival or its Directors, The Hamburg Fairgrounds, 2018 Master Chong's World Class Martial Arts Festival Organizing Committee, the city of Hamburg, and all members of the festival, or their respective officers, agents, representatives, successors, and/or assigns, and against any of my competitors for any and all damages which may be sustained by me in connection with my association or entry in the above athletic meet and competition, and in connection with any medical services I may be provided in connection with any such injury or illness, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that Tae Kwon Do is a body contact sport, and I further understand all contents of the 2018 rules and regulations and general information which was published by the sponsors and I agree with them in their entirety. I further understand that I may be dismissed from the premises without compensation or refund if my conduct is not courteous and cooperative for the successful operation of the championships. I hereby agree to all terms and conditions of the liability waiver above.

Competitor's Signature: _____ Date _____

If competitor is under 18, this must be signed by a parent or legal guardian.

Parent or Guardian Signature: _____ Date _____

BLACK BELT TEAM INFORMATION



Form to be performed: Koryo Moo Il Il Jang Moo Il Ee Jang Keumgang
 Moo Il Sam Jang Taebek Pyungwon

COMPETITOR #1	LastName: _____ First Name: _____ Middle Initial: _____ Home Phone: () _____ Cell Phone: () _____ Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Belt Color: <input type="checkbox"/> Poom Belt <input type="checkbox"/> 1st Dan <input type="checkbox"/> 2nd Dan <input type="checkbox"/> 3rd Dan <input type="checkbox"/> 4th Dan School Name (for example: Scalise TKD, Fayetteville, etc.): _____
	LastName: _____ First Name: _____ Middle Initial: _____ Home Phone: () _____ Cell Phone: () _____ Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Belt Color: <input type="checkbox"/> Poom Belt <input type="checkbox"/> 1st Dan <input type="checkbox"/> 2nd Dan <input type="checkbox"/> 3rd Dan <input type="checkbox"/> 4th Dan School Name (for example: Scalise TKD, Fayetteville, etc.): _____
	LastName: _____ First Name: _____ Middle Initial: _____ Home Phone: () _____ Cell Phone: () _____ Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Belt Color: <input type="checkbox"/> Poom Belt <input type="checkbox"/> 1st Dan <input type="checkbox"/> 2nd Dan <input type="checkbox"/> 3rd Dan <input type="checkbox"/> 4th Dan School Name (for example: Scalise TKD, Fayetteville, etc.): _____

Entry Fee to be paid by each black belt team competitor with their Competitor Entry Forms.

FAMILY FORMS TEAM INFORMATION



Form to perform: <input type="checkbox"/> White Belt	<input type="checkbox"/> Yellow Belt	<input type="checkbox"/> Green Stripe	<input type="checkbox"/> Green Belt	<input type="checkbox"/> Blue Stripe	<input type="checkbox"/> Blue Belt
<input type="checkbox"/> Red Stripe	<input type="checkbox"/> Red Belt	<input type="checkbox"/> Black Stripe	<input type="checkbox"/> Koryo	<input type="checkbox"/> Moo Il Il Jang	<input type="checkbox"/> Moo Il Ee Jang
<input type="checkbox"/> Keumgang	<input type="checkbox"/> Moo Il Sam Jang	<input type="checkbox"/> Taebek	<input type="checkbox"/> Pyungwon		

(Minimum of 2, maximum of 6 competitors)

COMPETITOR #1	Last Name: _____ First Name: _____ Middle Initial: _____
	Home Phone: () _____ Cell Phone: () _____
	School Name (for example: Scalise TKD, Fayetteville, etc.): _____
	Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Belt Color: _____
	Last Name: _____ First Name: _____ Middle Initial: _____
	Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Belt Color: _____
COMPETITOR #2	Last Name: _____ First Name: _____ Middle Initial: _____
	Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Belt Color: _____
COMPETITOR #3	Last Name: _____ First Name: _____ Middle Initial: _____
	Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Belt Color: _____
COMPETITOR #4	Last Name: _____ First Name: _____ Middle Initial: _____
	Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Belt Color: _____
COMPETITOR #5	Last Name: _____ First Name: _____ Middle Initial: _____
	Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Belt Color: _____
COMPETITOR #6	Last Name: _____ First Name: _____ Middle Initial: _____
	Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Belt Color: _____

Entry Fee to be paid by one family team competitor with their Competitor Entry Form.
 (Only one family member needs to pay the festival fee in order to register all family members for this event.)