

TEAM POOM SAE REGISTRATION FORM

Registration must be delivered no later than Monday, NOV 2nd 2015
Payment must be in the form of *certified check* or *money order* payable to "United Martial Arts" (no personal checks)

Mail to :

Majest Martial Arts
2015' KukKiWon Cup
20964 Southbank St,
Sterling, VA 20165 USA

Did you include :

___ Registration Form

___ Payment

Turn in form and payment to school instructor.

School Name: _____

Please read Team Poom Sae competition rules and requirements before submitting your Team's. Minimum of 3 Maximum of 5 per team.

	Name	Belt Color
1		
2		
3		
4		
5		

LIABILITY WAIVER

In consideration of your acceptance of my registration, I do hereby, for myself, heirs, executors, and administrators waive, release, and forever discharge any and all rights claims for damages which I may have, or which may accrue to me, against Majest Martial arts and United Martial Arts and for its state and district associations, or their respective officers, agents, representatives, successors, and/or connection with my association with, or entry in the above athletic meet and competition, and in connection with my medical service I may be provided in connection with any such injury or illness. I understand TaeKwonDo is a body contact sports and I further understand all contents of the rules and regulations and general information which was published by the World Tae Kwon Do Federation (WTF) 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 KUKKIWON international Cup & Washington D.C. Open.

Coach/Master signature: _____ Date: / /