

CENTRAL OAHU TAEKWONDO TOURNAMENT

Sponsored by Dixon's Taekwondo
 Wahiawa District Park
 Saturday, August 31, 2013
 Start Time: 9:30am

All entry forms must be filled out completely, in order for your application to be accepted. All entry forms and payments must be received by Dixon's Taekwondo by August 15, 2013 for regular registration. Late registration fee is an additional \$25 and at the door registration is an additional \$40. All registration fees are non-refundable and non-transferable: this includes training injuries or any other withdrawal once your application is received by Dixon's Taekwondo, NO EXEPTIONS.

LAST NAME: _____ FIRST NAME: _____

FULL ADDRESS: _____

TAEKWONDO SCHOOL/INSTRUCTOR: _____

DOB: _____	AGE: _____	GENDER: _____
WEIGHT: _____ lbs	BELT RANK: _____	gup/poom/dan
CIRCLE PARTICIPATING EVENTS:		
FORMS: Individual Team Open	BREAKING	SPARRING

EVENTS	RECEIVED BY 8/15/13	RECEIVED AFTER 8/15/13	RECEIVED ON 8/31/13
1	\$60	\$85	\$100
2	\$70	\$95	\$110
3	\$80	\$105	\$120
4 or 5	\$90	\$115	\$130

Please make all checks payable to: Dixon's Taekwondo.

Send to Dixon's Taekwondo, 525 Avocado St. Wahiawa, HI 96786

Liability Wavier Consent to Medical Treatment: I, undersigned, do hereby voluntarily submit my application and participation in the Leeward Oahu Taekwondo Poomse and Kyukpa Tournament and hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating. I waive all claims against the promoters, operators, sponsors, or staff of the Leeward Oahu Taekwondo Poomse and Kyukpa Tournament, individually or otherwise for injuries, damages, or losses that I may sustain or incur. As a competitor or parent/legal guardian of the competitor, I give consent to any x-rays exam, medical, chiropractic, dental, or other treatments(s) deemed necessary for the safety and welfare of the competitor. I understand that this authorization is given prior to any diagnosis, treatments or hospital car being required, but is given to provide the medical/chiropractic/dental staff authority to render care as deemed advisable. In the case of minors, it is understood that efforts shall be made to contact the undersigned prior to rendering treatment, but treatment will not be withheld if the undersigned cannot be reached. I understand that in case of injury, only basic first aid will be made available on site, and I am fully responsible, I consent that any pictures furnished by me or any pictures taken of me in connection with the tournament can be used for publicity, promotion, or television show, and I waive compensation in regards thereto. If under 18 years of age, this release and consent must by signed by parent or guardian.

Competitor or Parent/ Guardian Signature, if under 18 years of age: _____

Print Name: _____

Code of Conduct

The following outline is the Code of Conduct. The Code is for all athletes, coaches, and tournament committee, and staff members to fully abide by when participating in the Central Oahu Taekwondo Tournament. Failure to comply with the following guidelines can result in the removal from the event.

One will act in a manner consistent with the spirit of fair play and responsible conduct.

One will acknowledge, respect and adhere to the authority of the Central Oahu Taekwondo Tournament and it's staff.

One will abide by the guidelines and rules established by the Central Oahu Taekwondo Tournament directors.

One will respect others, including coaches, competitors, officials, and spectators.

One will not engage in, nor tolerate, any form of verbal, physical or sexual abuse.

One will respect the property of others.

One will refrain from illegal or inappropriate behavior that would deter from a positive image of oneself and the Central Oahu Taekwondo Tournament.

One will maintain a positive attitude and act in a way that will bring honor to oneself, the staff, the sport of Taekwondo.

The directors of the Central Oahu Taekwondo Tournament recognizes that this Code does not establish a comprehensive set of rules that prescribes every aspect of appropriate behavior.

Signature _____ Date _____

Print Name _____