

# 2018 OFFICIAL COMPETITOR REGISTRATION FORM



**2018**

## Nor-Cal KARATE CHAMPIONSHIP

*Register Online:*

[www.campcarter.net](http://www.campcarter.net)

**September 29, 2018**

**Alameda County Fairground  
2100 Valley Ave.  
Pleasanton, CA 94566**

Registration Checklist	
<input type="checkbox"/>	Complete this Form
<input type="checkbox"/>	Sign Liability Release Waiver
<input type="checkbox"/>	Write Cashier's check or money order to CCIKA, or pay online <a href="http://www.campcarter.net">www.campcarter.net</a>

**Admission:**

\$10 general admission  
children 5 and under Free

### 1. Competition Events and Fees

Check the events you wish to participate in and your level:

1 Event	\$55	<input type="checkbox"/>	Kata	<input type="checkbox"/>
2 Events	\$65	<input type="checkbox"/>	Kumite	<input type="checkbox"/>
3 Events	\$75	<input type="checkbox"/>	Weapons	<input type="checkbox"/>
4 Events	\$85	<input type="checkbox"/>	Board breaking	<input type="checkbox"/>

Beginner  Intermediate  Advanced

### 2. Competitor Information

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Gender:  Male  Female DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_ ft \_\_\_ in Weight: \_\_\_\_\_ lb

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_

### 3. If Under 18 years of age

Parent/Guardian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### 4. Studio/Do Jang Information

Studio/Do Jang: \_\_\_\_\_

Master/Instructor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### 5. Further Instructions

- \* Applications must be received postmarked no later than Saturday Sept. 22, 2018.
- \* Applications received postmarked after Sept. 22, 2018, will result in a \$20 late fee.
- \* Attach cashier's check or money order made out to CCIKA for the total entry fee.

**NO REFUNDS**

\* Send registration to: CCIKA  
14910 Camden Ave.  
San Jose, CA 95124

Credit Card Information:

Credit card number \_\_\_\_\_ exp \_\_\_\_\_

Billing zip code \_\_\_\_\_ Security code \_\_\_\_\_

Authorized signature \_\_\_\_\_

**For more info: Phone: 408-628-0095**  
**Email: [ccikakarate@gmail.com](mailto:ccikakarate@gmail.com)**  
**Website: [www.campcarter.net](http://www.campcarter.net)**

**Please sign Waiver on back of this sheet. Applications without signed waiver will not be registered.**

## Liability Waiver, Release and Indemnification Agreement 2018 Nor-Cal Karate Championship

IN CONSIDERATION FOR THE PRIVILEGE OF PARTICIPATING IN THE NOR-CAL TKD/KARATE CHAMPIONSHIP, I DO HEREBY ACKNOWLEDGE THAT BECAUSE OF MY PARTICIPATION IN, TRAVELING TO, AND RETURNING FROM NOR-CAL TKD/KARATE, I MAY SUFFER BODILY INJURY, DEATH, AND OR LOSS OF PROPERTY. I DO HEREBY FOR MYSELF, MY HEIRS, PARENTS, GUARDIANS, EXECUTORS, PERSONAL REPRESENTATIVES, AND ASSIGNS, RELEASE, AQUIT, WAIVE FOREVER, DISCHARGE, HOLD HARMLESS AND AGREE TO INDEMNIFY THE SPONSOR, NOR-CAL TKD/KARATE CHAMPIONSHIP, AND ANY OTHER PERSONS OR ORGANIZATIONS CONNECTED WITH THE SAME OF, FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, COSTS, DAMAGES, ACTIONS, CAUSE OF ACTION OR SUITS OF ANY NATURE OR KIND WHATSOEVER THAT I, MY HEIRS PARENTS, GUARDIANS, EXECUTORS, PERSONAL REPRESENTATIVES, ASSIGNS, OR ADMINISTRATORS MAY NOW OR HEREAFTER HAVE OR CLAIM TO HAVE, ON ACCOUNT OF OR ARISING OUT OF PERSONAL INJURIES, DEATH, AND OR DAMAGE TO MY PERSON OR PROPERTY OR LOSS OF TIME, LOSS OF SERVICE, OR FOR EXPENSES INCURRED, OCCURRING TO ME BECAUSE OF, OR IN ANY WAY RELATED TO, MY TRAINING FOR, MY TRAVELING TO, MY PARTICIPATING IN/AT, AND MY RETURNING FROM BAY AREA OPEN OR THROUGH THE USE OF ANY AND ALL FACILITIES, MEANS OF AIR TRANSPORTATION OR GROUND TRANSPORTATION CONNECTED HEREWITH.

FURTHER, I HEREBY GRANT PERMISSION IN CASE OF INJURY OR EMERGENCY, TO AN ATHLETIC TRAINER AND/OR QUALIFIED MEDICAL STAFF, TO PROVIDE ME WITH NECESSARY MEDICAL ASSISTANCE AND/OR TREATMENT. I DO HEREBY FOR MYSELF, MYSELF, MY HEIRS, PARENTS, GUARDIANS, EXECUTORS, PERSONAL REPRESENTATIVES, AND ASSIGNS, AQUIT, RELEASE, WAIVE, FOREVER DISCHARGE THE UNITED STATES OF AMERICA TAEKWONDO, INC, THE CALIFORNIA STATE TAEKWONDO ASSOCIATION, BAY AREA OPEN, REPRESENTATIVES, COORDINATORS, AND ASSOCIATES, THE MANAGER TRAINER(S), INSTRUCTORS, DOCTORS, AND THEIR REPRESENTATIVES OFFICERS, AND/OR DIRECTORS OF AND FROM ANY AND ALL LIABILITY ACTIONS, CLAIMS, DEMAND OR SUITS WHATSOEVER WHICH I MAY NOW OR HEREAFTER HAVE OR CLAIM TO HAVE, ON ACCOUNT OF ANY INJURY OR HARM SUSTAINED AND SUFFERED BY ME IN CONNECTION WITH SAID MEDICAL ASSISTANCE AND/OR TREATMENT.

I CERTIFY THAT MY PHYSICIAN HAS EXAMINED ME AND CERTIFIED THAT I AM IN GOOD PHYSICAL CONDITION AND HAVE NO DISEASE OR INJURY THAT WOULD IMPAIR OR BE COMPLICATED BY MY PARTICIPATION IN THE NOR-CAL TKD/KARATE CHAMPIONSHIP.

I AGREE TO ACCEPT ANY AND ALL FINANCIAL OBLIGATIONS INCURRED AS A RESULT OF ANY AND ALL MEDICAL ASSISTANCE AND/OR TREATMENT AND ANY RELATED EXPENSES PROVIDED IN CONNECTION WITH INJURIES I MAY INCUR WHILE ATTENDING THE NOR-CAL TKD/KARATE CHAMPIONSHIP.

IF AN ACT OF VANDALISM CAUSES DAMAGE TO PERSONAL AND/OR REAL PROPERTY OF THE FACILITIES, STRUCTURES, BUILDINGS, OR PREMISES UTILIZED BY OR RELATED TO IN ANY WAY TO THE BAY AREA OPEN TKD CHAMPIONSHIP, I UNDERSTAND AND AGREE THAT DISCIPLINARY ACTION WILL PROHIBIT MY PARTICIPATION IN THE BAY AREA OPEN TKD CHAMPIONSHIP, IF I AM FOUND TO BE INVOLVED WITH ANY ACT OR ACTS OF VANDALISM. FURTHER, I HEREBY AGREE TO PAY FOR ANY AND ALL DAMAGES CAUSED BY ANY ACT OR ACTS OF VANDALISM IN WHICH I PARTICIPATE.

IT IS FURTHER AGREED, THAT IT IS COMPULSORY AND MANDATORY THAT THIS LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT BE COMPLETED IN FULL AS PRECEDENT TO THE NOR-CAL TKD / KARATE CHAMPIONSHIP APPLICATION FORM BEING ACCEPTED. THE COMPLETED LIABILITY WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT IS INCORPORATED BY REFERENCE AS A PART OF NOR-CAL TKD/KARATE CHAMPIONSHIP APPLICATION FORM.

**THIS FORM MUST BE SIGNED AND COMPLETED!**

### REQUIRED SIGNATURES:

Competitor's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

If under the age of 18: Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION:

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp. Date \_\_\_\_\_