

32nd ANNUAL KANSAS CITY "The CLASSIC" TAEKWONDO CHAMPIONSHIPS

May 13, 2017

COACH/REFEREE REGISTRATION

Please mail registration to: Gautreaux's Martial Arts Center (GMAC), P.O. Box 442, Blue Springs, MO 64013

Physical address: 2905 SW US Hwy 40, Blue Springs, MO 64015 816.229.6611 info@thekcclassic.com

Championship venue: Delta Woods Middle School, 4401 NE Lakewood Way, Lee's Summit, MO 64064

Instructors will receive 2 FREE coaching passes for bringing 6-15 athletes, 3 FREE coaching passes for bringing 16-25 athletes. If you are bringing 25 or more athletes, please call us for special arrangements. Thank you!

Coaching passes are \$20 if postmarked by May 1, \$25 if postmarked after May 1

COACH/REFEREE NAME	MARTIAL ART SCHOOL NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE #	PHONE #
	INSTRUCTOR NAME

Liability Waiver & Conduct Agreement

Inconsideration of being allowed to participate, the undersigned does hereby waive and release, and voluntarily submit their application for participation in KC Classic tournament. The undersigned does hereby for himself, his heirs, executors, administrators, successors and assigns release and forever discharge the promoter and the organizers of the said tournament and their servants and agents and all those in any way connected with the running and management of same, any and all damages which may be sustained by me in connection with my association with or entry in the above athletic meet, or which may arise out of traveling to, participating in and returning from this athletic meet, including but not limited to GMAC, Oren and Terry Gautreaux, ACTS, Delta Woods, Blue Springs School District, City of Lee's Summit, their employees, agents, officials, vendors, volunteers and first aid assistance, from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury to person and property and death, which heretofore has been undersigned participating in the said tournament. I also hereby agree that any photographs or films of myself, taken at the event may be used by the tournament directors for publication, broadcasting or for any other promotional purposes and I waive compensation in regard to hereto. I am fully aware of my personal physical and medical condition, and hereby acknowledge that I am physically fit to compete in this tournament. I have read the rules personally or have been instructed by my instructor, adult guardian or parent, as to the rules governing this tournament. I am fully prepared to follow the rules in a safe and disciplined fashion. I am aware that I am responsible for entering myself in the correct divisions. I agree to cooperate with all staff, officials and security personnel at all times. I agree to leave the competition floor at the conclusion of my contestant's match(es). I completely agree with the liability waiver and conduct agreement by signing below.

Signature _____ Date _____

Parent/Guardian _____ Date _____

METHOD OF PAYMENT

_____ VISA _____ MC _____ DISCOVER _____ MONEY ORDER

CC# _____ EXP DATE _____

PRINT NAME _____

SIGNATURE _____

I agree to pay the total amount plus \$2.95 service fee as a non-refundable charge to my credit card and I agree that it cannot be charged back or canceled without express written consent of the KC Classic directors

COACH REGISTRATION FEE

Coach
postmarked by 5/1

() X \$20

Coach
postmarked after 5/1

() X \$25

Grand Total

\$