



# Family Tae Kwon-Do and Fitness Center

3680 N. Wickham Road Suite A Melbourne, Fl. 32935

(321) 757-9900

## Saturday March 24th, 2018

Holy Trinity Episcopal Academy

5625 Holy Trinity Drive

Melbourne, Florida 32940



**Follow I-95 take exit 188 which is The Pineda Causeway Extension.**

**Turn Left (East) onto Pineda and continue for about 3 miles. Turn right onto Holy Trinity Drive.**

**Competitors Fee:** \$55 (\$45 pre-register before March 17th) For:

Forms, Sparring or CTF Sparring, Breaking, & Family Forms

**Extra Division Fees:** Weapons: \$5 per competitor

**Spectator Fee:** \$4 (Children 4 and under free)

**10:30 AM:** All Black & Jr. Black Belts (Weapons)

**10:30 AM:** All 12 & up (Weapons)

**11:00 AM:** All Competitors 12 & up (Capture the Flag Sparring)

**11:30 AM:** All Black & Jr. Black Belts (Forms)

**12:00 PM:** All Competitors 12 & up (Forms, Breaking, & Sparring)

**12:30 PM:** All Family Forms

**1:00 PM:** All Black & Jr. Black Belts (Breaking)

**1:00 PM:** All Children 11 & under (Weapons)

**1:30 PM:** All Children 11 & under (Capture the Flag Sparring)

**1:45 PM:** All Black & Jr. Black Belts (Sparring)

**2:00 PM:** All Children 11 & under (Forms, Breaking, & Sparring)

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To pre-register please detach and mail this registration form with fee made out directly to Family Tae Kwon Do.  
Must be post marked by March 17th, 2018. **PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Parents Name \_\_\_\_\_ Email \_\_\_\_\_ Rank \_\_\_\_\_

Phone \_\_\_\_\_ TKD School \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Circle:** Forms (Sparring or CTF Sparring) Breaking Family Forms Weapons  
Choose Only One 2 People - 3 or more

Spectators (\_\_\_\_x \$4.00 =\_\_\_\_) + Reg. Fee \_\_\_\_\_ + Extra Division Fee \_\_\_\_\_ = total \_\_\_\_\_

Method of payment: CASH CHECK MO CREDIT: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Card# \_\_\_\_\_ Name on Card \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

### Waiver and Release of Liability:

I, the participant or legal guardian on behalf of the participant, understand and acknowledge my permission to participate in a martial arts tournament in connection with Family Tae Kwon Do and Fitness Center. I acknowledge that I am fully aware of all the inherent danger in connection with the execution of martial arts and realize there is a risk of physical injury. I also realize that participation involves physical exertion and contact to the head and body. I freely assume all risks and losses, which I may incur as a result of my participation in this tournament. I agree to hold harmless the Family Tae Kwon Do and Fitness Center Inc., Master Robert J. McCarthy, all instructors, agents, officers, participants, and spectators from any and all losses, claims, or actions of any kind. I further agree that Family Tae Kwon Do and Fitness Center may use any photos taken of me or by me for promotions or publicity free of charge now or at anytime in the future.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Participants signature

Parent or Legal Guardian if under 18 years old