

TOURNAMENT TRAVELING PERMISSION FORM

REGISTRATION INFORMATION

NAME OF PARTICIPANT: _____

DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ MALE/FEMALE: _____

SPECIAL HEALTH PROBLEMS
AND/OR ALLERGIES: _____

MEDICATION: _____

EVENT: _____

AGREEMENT & LIABILITY WAIVER

We/I give our/my permission for our/my son/daughter to take part in the above named event/activity. It is understood that this Tae Kwon Do event/activity is under adult supervision and that all reasonable precaution will be taken to prevent accidents and/or injuries. In the event of an accident/injury we/I hereby release the Nguyen School of Tae Kwon Do, ISD 191 Community Education, Lee's Tae Kwon Do, David Lee, Nam Nguyen and/or any adult volunteer(s) who transport students from any financial liability whatsoever, resulting from or in any manner rising out of any injury or damage which may be sustained on account of our/my son's/daughter's participation in the above named event including any transportation connected with the event. I understand that Tae Kwon Do is a contact sport and my child may be injured.

I understand I am sending my minor child without parental/guardian supervision. I understand Nam Nguyen will be on the tournament floor during the event and is not responsible for my child.

We/I give permission to Nam Nguyen to seek medical/hospital help for our/my son/daughter if he/she is in need of such help.

INSURANCE COMPANY: _____ POLICY NUMBER: _____

INSURANCE COMPANY'S ADDRESS: _____

POLICY HOLDER NAME: _____

PARENT/GUARDIAN(S) NAME(S): _____

ADDRESS: _____

PHONE: HOME _____ CELL _____ WORK _____

SIGNATURE OF PARENT/GUARDIAN(S): _____

DATE OF SIGNATURE: _____

In case you are unavailable for contact, please indicate the closest relative you would want contacted to assume responsibility. (Please indicate the person.)

NAME: _____

PHONE: HOME _____ CELL _____ WORK _____