



Minnesota Governor's Cup Tournament
Hosted By:
KIM'S TAEKWONDO CENTER, INC.



Name: _____
 Poomse: _____
 Boards: _____
 Sparring: _____

Name: _____ Age: _____
 Rank: _____ Gender: _____ Weight: _____ Height: _____
 Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____ - _____
 Phone: (____) _____ - _____ Email: _____
 School: _____
 Instructor/Master: _____

Competitions: 1 Event: \$65, 2 or 3 Events: \$75

Poomse (Forms): _____ Board Break: _____ Sparring: _____

***Deadline for early registration: postmarked by 5/11/2018**

***\$10 late fee for late registration after**

Please send all entries and fees to:
Kim's TaeKwonDo
 1425 129th Ave NE
 Blaine, MN 55449

Waiver of Liability:

By the acceptance of my entry to the competition, I do hereby for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages which may have or may occur to me against the tournament directors, and their representative officers and agents for any and all damages which may be sustained and suffered by me in connection with my association or entry in the athletic meet, or which may occur out of my traveling to, returning from or participating in said athletic event.

I acknowledge that I may be recorded, photographed, filmed or videotaped during the competition and that said recordings may be used in advertisements without any remuneration or compensation.

Entrant Signature: _____ Date: ___/___/20___

Parent/Guardian (of minor entrants) Signature: _____