



THE BATTLE OF CHICAGO
APRIL 28, 2024
 ELK GROVE VILLAGE PAVILION GYM
 1000 WELLINGTON ELK GROVE VILLAGE, IL 60007
Tae Kwon Do/Tang Soo Do/Karate/Hapkido



REGISTRATION FORM

Student Name: _____ Male / Female

E-mail Address: _____ Phone #: _____

Students Age: _____ Current Rank: _____ Height: _____ Weight: _____

MARTIAL ARTS SCHOOL INFORMATION

School Name: _____ Phone #: _____

School Address: _____ Instructor Name: _____

EVENTS – Please check all events you will be participating in

<u>TAE KWON DO</u>	<u>TANG SOO DO</u>	<u>HAPKIDO</u>	<u>PAYMENT:</u>
FORMS: <input type="checkbox"/>	FORMS: <input type="checkbox"/>	SELF-DEFENSE: <input type="checkbox"/>	# of EVENTS: _____
PAIR FORMS: <input type="checkbox"/>	WEAPONS FORMS: <input type="checkbox"/>	LONG FALL: <input type="checkbox"/>	Boards: \$ _____
BOARD BREAKING: <input type="checkbox"/> <i>Add \$10 for Boards</i>	WEAPONS SPARRING: <input type="checkbox"/>	HIGH FALL: <input type="checkbox"/>	TOTAL DUE: _____
OLYMPIC STYLE SPARRING: <input type="checkbox"/>	POINT STYLE SPARRING: <input type="checkbox"/>	BELT SPARRING: <input type="checkbox"/> <i>12 yrs. old and under</i>	\$ _____

REGISTRATION FEES

Early Registration: March 15 to April 13

1st Event \$90.00 per event \$5.00 each additional event

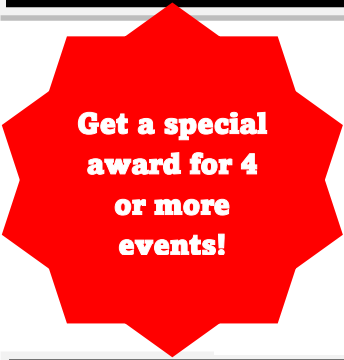
Late Registration: April 14 to April 21

1st Event \$100.00 per event \$10.00 each additional event

****SCHOOL OWNERS ARE RESPONSIBLE FOR WRITING ONE CHECK**

FOR ALL COMPETITORS AND MADE PAYABLE TO: *Kennedy's Martial Arts Academy*

NO REGISTRATIONS WILL BE ACCEPTED AFTER APRIL 21st OR AT THE DOOR!



Please read carefully and sign below:

I do hereby submit my registration form to THE BATTLE of CHICAGO. The International Association of Korean Martial Arts, Kennedy's Martial Arts Academy, the Elk Grove Village Park District, all instructors/coaches, volunteers, and competitors will not be liable for any/all injuries and damages which I may sustain in connection with entry in the above event, or which may arise out of traveling to, participating in, and returning from this event. I further understand all the rules and general information provided by the sponsor and I agree with them in their entirety. The said entities will not be responsible for any personal belongings lost or damaged during my participation in the event. I also understand that by signing this form I agree that all payments are final, and no refunds shall be given. I hereby grant the International Association of Korean Martial Arts and Kennedy's Martial Arts Academy the right to use photos and videos taken during the event. Any such photos and videos may be used at such functions or activities, for publicity and/or promotional purposes. I waive all rights to such likeness and will not be compensated in any manner for the use of such photos and videos.

Signature: _____ Name of Student: _____
 (Please Print)

Parent/Guardian Signature: _____ Date: _____