2009 KEES CANADA CUP Saturday, June 6th, 2009 Saskatoon, Saskatchewan, Canada

BLACK BELT ATHLETE APPLICATION FORM

Personal Information					
First Name:		Last Name:			
Gender: 🛘 Male 🔻 Fem	ale Age:	Date of Birt	h: / /	mm/dd/yea	ar
Belt: Kukl	kiwon#:	Weight:	Height:		Please Be Accurate
Taekwondo School/Club Name:		Grandmast	er/Master:	Instr	uctor:
Home Address:		City:	Pro	vince: Posta	al Code:
Telephone: ()		Email:			
Emergency Contact Name:		Phone: ()		
☐ Complete Medical Fitness	Form (must be incl	uded)			
Select Your Events	Kyorogi/Sparring Power Breaking	☐ Poomse/Patte☐ High Kick Brea		estyle Weapons Fo cance Breaking	rm
Poomse Divisions : Select Your Pattern	Freestyle Wea Select Your We		Select Your	Kyorugi	Breaking Competition
☐ 1st Poom/Dan—Koryo ☐ 2nd Poom/Dan—Kumgang ☐ 3rd Poom/Dan—Taebak ☐ 4th Dan—Pyongwon ☐ 5th Dan— Sipjin Liability Waiver I, the undersigned, in considerating Grandmaster Kee S. Ha, the Organg representatives, successors, and, may be suffered by the undersigned CANADA CUP, or which may arise I fully understand that I assume a all the contents of the rules and geonnection with the said champion. Athlete Signature:	nizing Committee, KEES /or assignees and other ned registered in the 200 out of traveling to partici all risks for any injuries re general information publi	Taekwondo Inc., all membe competitors, harmless and 9 KEES CANADA CUP, aris pate in and return from th ceived. I understand that shed and agree with them	junior weig Adults will Olympic we Executives, use up to 2 CUP Taekwondo Chapers of the Champiod release them from ing out of, or in any is athletic event. If WTF Taekwondo is in their entirety. If	eight divisions /Ultra (30+) will weight divisions ampionships, agree to i onships, or their respec any and all liability for way connected with parave read the above ap a full-body contact spo further agree that any p	tive officers, agents, r any injury or illness which articipation in the 2009 KEES plication and agreement and rt and I further understand pictures taken of me in
Guardian Signature (if under 1			Date:		
Master/Instructor Signature:			Date:		
Early Registration (May 08/0	9) Number of Event	s: 🛘 1-\$50 🗘 2-	-\$60 □ 3-\$		□ 5-\$90 □ 6-\$100
Late Registration (May 15/09					□ 5-\$100 □ 6-\$110
Please include a photo for ID	,	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u>·</u>	<u> </u>
Make certified cheque or mon		KEES CANADA CUP (NSF FEE - \$25)		
Office Use Only	Send to:	2009 KEES CANADA 333 4th Avenue Nor Saskatoon, SK S7K 306.955.3322 f: 3 saskatoon@kees.ca	CUP c/o KEES th (lower level) 2L8		
Received / /09					

□ ID

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