

NWMA Invitational Taekwondo Championships

Saturday April 26th, 2025

Westside Elementary School
945 7th Ave E West Fargo, ND

Pre-Registered is Highly Recommended
Please Mail by April 20th or Accepted Day of Event

* Make Checks / Payable to Northwest Martial Arts and Mail to:

Northwest Martial Arts
207 Main Ave. E
West Fargo, ND 58078

Participants Name: _____
(Last Name) (First Name) (Initial)

Date of Birth: ____/____/____
(Month) (Day) (Year)

Home Address: _____
(Street) (City) (State) (Zip)

Phone: (_____) _____ Name of TKD School _____

In case of an emergency call: (Name) _____ (Phone) _____

Age: _____ **Gender:** (circle one) **Male / Female**

TKD Color Rank (circle one): W O Y G B P P-Trim B R

(For schools with a different rank system, please circle the rank (Gup) closest to your rank with O (Orange) being 10thGup to R being 1st Gup)

Black Belt Rank (circle one): 1stPoom 2ndPoom 3rdPoom 1st Dan 2nd Dan 3rd Dan 4th Dan+

Please check divisions in which you wish to compete:

Pattern (____)

Sparring (____)

REGISTRATION FEE FOR COMPETITION: \$60.00 for One or Both Events

* All Payments are non-refundable - \$30 charge on all returned checks.

SCHEDULE OF EVENTS

9:00 am: (Ages 11 and Under) White, Orange, and Yellow Belts

10:30 am: (Ages 11 and Under) Green Belts to Poom Belts

1:00 pm: (Ages 12 and Over) All Belt Ranks

LIABILITY WAIVER (ADULT SIGNATURE REQUIRED)

I hereby submit this registration and liability waiver form to participate in the Northwest Martial Arts Invitational Championships. I certify that the above information is true and correct and hereby release, discharge, and waive any and all responsibilities of the Northwest Black Belt Association, Northwest Martial Arts, Tournament Organizing Committee, referees, instructors, and other competitors from liability for any injury, including death, and for damage to, or loss of property which may be suffered by myself arising out of, or in any way resulting from, or attributable in whole or part, to my traveling to, training for, being coached in, using any sports equipment in, or participating in a Northwest Black Belt Association Event. I understand that TaekwonDo is a contact sport and I am responsible for my own medical insurance for any and all injuries that I may sustain from competition.

Participants Signature (if 18 years of age or older) _____ Date: ____/____/____

Parent/Guardian Signature _____ Date: ____/____/____

Office use only. Do not write below this line. Review your form thoroughly before sending.

Application Received

Postmarked by April 20th

Fee Paid