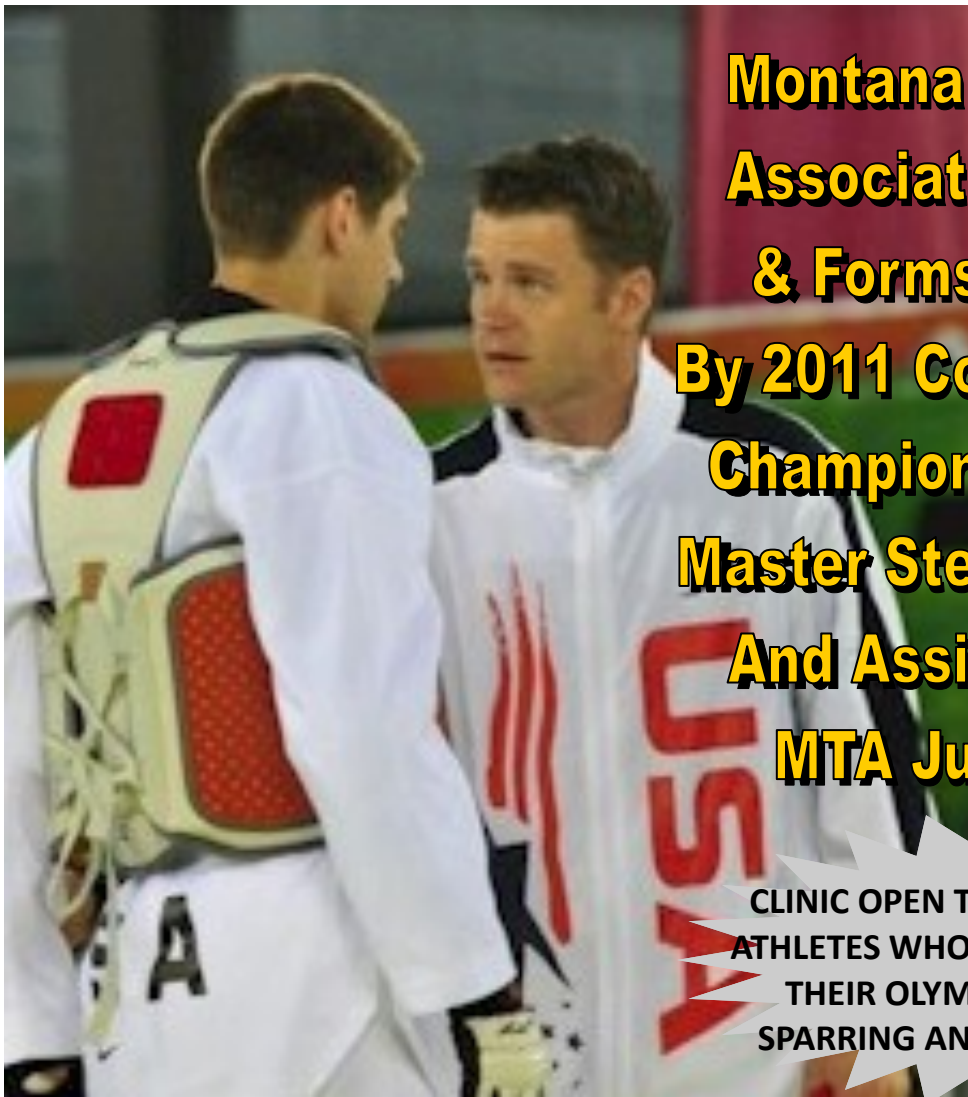


# **MTA**

## **COMPETITION CLINIC** **MARCH 3, 2012 - MISSOULA, MT**



**Montana Taekwondo  
Association Sparring  
& Forms Clinic Led  
By 2011 Colegiate World  
Championships Coach  
Master Steve Rosbarsky  
And Assisted By The  
MTA Junior Team**

**CLINIC OPEN TO ALL TAEKWONDO  
ATHLETES WHO DESIRE TO IMPROVE  
THEIR OLYMPIC TAEKWONDO  
SPARRING AND FORMS ABILITIES**

**12:30 - 3:30 PM - SCHREIBER GYMNASIUM - UM CAMPUS**



Rank/Previous  
Competition:

I am a...

Coach/Referee

Black Belt

Red Belt

Blue Belt

Green Belt

Yellow Belt

White Belt

I have competed/coached at...

Local Events

State Championships

Regional Qualifiers

Nationals

International Events

# Montana Taekwondo Association COMPETITION Clinic Application

## Clinic Participant Information — Please Print Legibly

Name:		
Mailing Address:		
City:	State:	ZIP:
Gender:	Date of Birth:	<b>REQUIRED:</b> You must be an MTA member to participate in MTA-affiliated activities. Please include a photocopy of your MTA Membership OR an MTA Membership Application and the \$15 fee.
Telephone:		
E-mail Address:		
School/Club Name:		
Owner/Operator/Instructor Name:		
Mailing Address:		
City:	State:	ZIP:

Either present at the competition clinic or mail your Application, a photocopy of your MTA membership, and a Check or Money Order for **\$25.00** made payable to the Montana Taekwondo Association to:

**MTA: Competition Clinic**  
c/o 2305 South Grant Street  
Missoula, MT 59801-6539

## Waiver & Release of Liability

(MUST be signed in order to participate)

**In consideration of your acceptance of my/my child's application,** I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or may accrue to me against the Montana Taekwondo Association (MTA) while participating in any of its programs and affiliated events. I do hereby further release from claim or lien any and all members, officials, volunteers, and other individuals acting in any capacity on behalf of MTA. I further state that I fully understand that the above named parties are not responsible for injuries or damages sustained during travel to or from MTA events or activities and that Taekwondo competition is a contact activity with inherent risks of physical injury (including serious injury and death). I hereby represent that I possess insurance coverage for myself/my child. I understand that the MTA reserves the right to reject my application for any reason deemed appropriate by the MTA.

\_\_\_\_\_  
Name of Applicant/Parent/Guardian (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date