



PRESENTS ON
APRIL 25TH & 26TH:

2015 STL SPARRING SEMINAR & TEAM EXCHANGE

Are you preparing for a Qualifier or Nationals? This camp will help you whether you are venturing into the world of Taekwondo Olympic Sparring or looking to get to the next level. Train with athletes that have medalled at Nationals both AAU & USA Taekwondo. Get tips on scoring on KP&P and Daedo. Have a fun experience and make new friends.

Camp Schedule

Saturday - 10:00am – 1:00pm
 2:30pm – 4:00pm
Sunday - 9:00am - Noon

Camp Cost

\$100

Necessary Equipment

Full Sparring Equipment including Hogu & Helmet. Please also bring to paddles for target kicking.

Goal of Camp

Give athletes some new skills, strategies, and ideas to use as they prepare for their tournament futures.

Sign Up Today! Registration Information

Taiga Taekwondo
#27 Fox Valley Ctr., Arnold, MO 63010
(636) 282.2110
taigatkd@sbcglobal.net



**2015 STL SPARRING SEMINAR /
TEAM EXCHANGE**
April 25 & 26, 2015

Student Name _____
Parent/Guardian Name _____
Address _____ City _____ State _____ ZIP _____
Age _____ Birth Date _____ Weight _____ Gender _____
Home Phone # _____ Cell Phone # _____
Email Address _____ T-Shirt Size _____
Emergency Contact _____ Emergency Phone # _____

\$100 2-Day Sparring Seminar

Release and Indemnification

I, _____, for myself/my minor child, _____ have chosen to execute this release and indemnification in consideration for my child's participation in Taiga Taekwondo's 2-Day Sparring Seminar & Team Exchange as well as any demonstrations or events as a member of Taiga Taekwondo, LLC. I agree to release and indemnify Taiga Taekwondo, LLC, its officers, employees, instructors and agents; any member or coach of Taiga Taekwondo, LLC; and any organization or location for which education, demonstrations or events take place, its officers, employees and agents from any and all claims for any loss, damage or injury to any persons associated with the activities.

I understand and accept there are risks associated in participating in sports, which may include physical injury. I understand these risks and will take full and complete responsibility for myself/my child for any and all personal injuries.

***NOTICE-Taiga Taekwondo, LLC recommends that all members obtain a physical examination from their physician prior to starting any programs involving strenuous activity like Taekwondo.**

***IMPORTANT-Customer (1) accepts and agrees to pay no less than the total amount stated below; (2) accepts and agrees that the total payment may be neither cancelled nor refunded; (3) has read and accepts notice and liability waiver.**

\$ _____ Total Amount

Method of payment: **Cash** **Cashier's Check** **Mastercard** **Visa**

Print Signer's Name _____ Relationship to Student _____

Authorized Signature _____ Date _____