

SNAPMAT Spring Classic 2020 Registration Form

February 29th, 2020

Semones Family YMCA 4332 Northaven Rd, Dallas, TX 75229

Events:

Most punches in 45 seconds Most Kicks in 45 seconds Fastest Adaptive Obstacle Course
 Individual Punch Relay (For Competitors That Can Not Kick)

Please mail to: 3641 West Northwest Highway #150, Dallas, TX 75220

Or e-mail to: Tony@mymartialartsdfw.com

Registration Closes on Thursday, February 27th, @ 5:00PM

Parent or Guardian Information:

NAME _____ PHONE _____ CELL _____

ADDRESS _____ E-MAIL _____

CITY _____ ZIP CODE _____ * As a parent, guardian or caregiver, I pledge to be present and available to assist my participant during the entire competition. Tournament staff, volunteers and instructors are not responsible for the personal care of participants during the competition.

Participant Information Ages 7yrs. Old and Up:

NAME _____ AGE _____ DOB _____ SEX: M F

Disability Info:

Autism Intellectual Disability Down Syndrome Traumatic Brain Injury

Seizure Disorder Cerebral Palsy Other Impairment, Please list: _____

Communication Support Needed:

None Needed Picture Symbols Augmentative Communication Device
Please list type: _____

Mobility Needs:

Not Applicable Walker Electric Wheelchair Manual
*Self-propelled or requires assistance? _____

Behavior Supports:

Requires Wait time Requires frequent Breaks Can exhibit Physical Aggression Can Wander off

Please list specific behavior supports: _____

As a participant, I agree to hold harmless My Martial Arts and all persons concerned in the event of personal injury resulting from the use of any techniques, in any manner, applied or taught during or after class, in tournament or elsewhere. I agree to follow the rules of My Martial Arts, its instructors and staff members, when participating in, or observing a class, and I realize this is a contact sport. The Instructor or staff member may terminate a student's training class for not following the rules, showing lack of courtesy, or demonstrating poor sportsmanship. I pledge never to use the knowledge gained at this studio except to protect the honor or well-being of the defenseless or myself. I am in good health or have medical approval to engage in Tae Kwon Do, Self-defense, Kickboxing, Jiu Jitsu, or general fitness. I further assume all risks that are a part of and incidental to this training program. I grant to My Martial Arts, its representatives and employees the right to take photographs of me and my child in connection with My Martial Arts classes and events. I agree that My Martial Arts may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read, understand and will comply with the above rules.

Signature of Participant
(18 and over)

Signature of Parent / Guardian of Minor

Relationship

Date

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